

137 pages of MS

MS. of Pre-Anaesthetic Surgery

13867

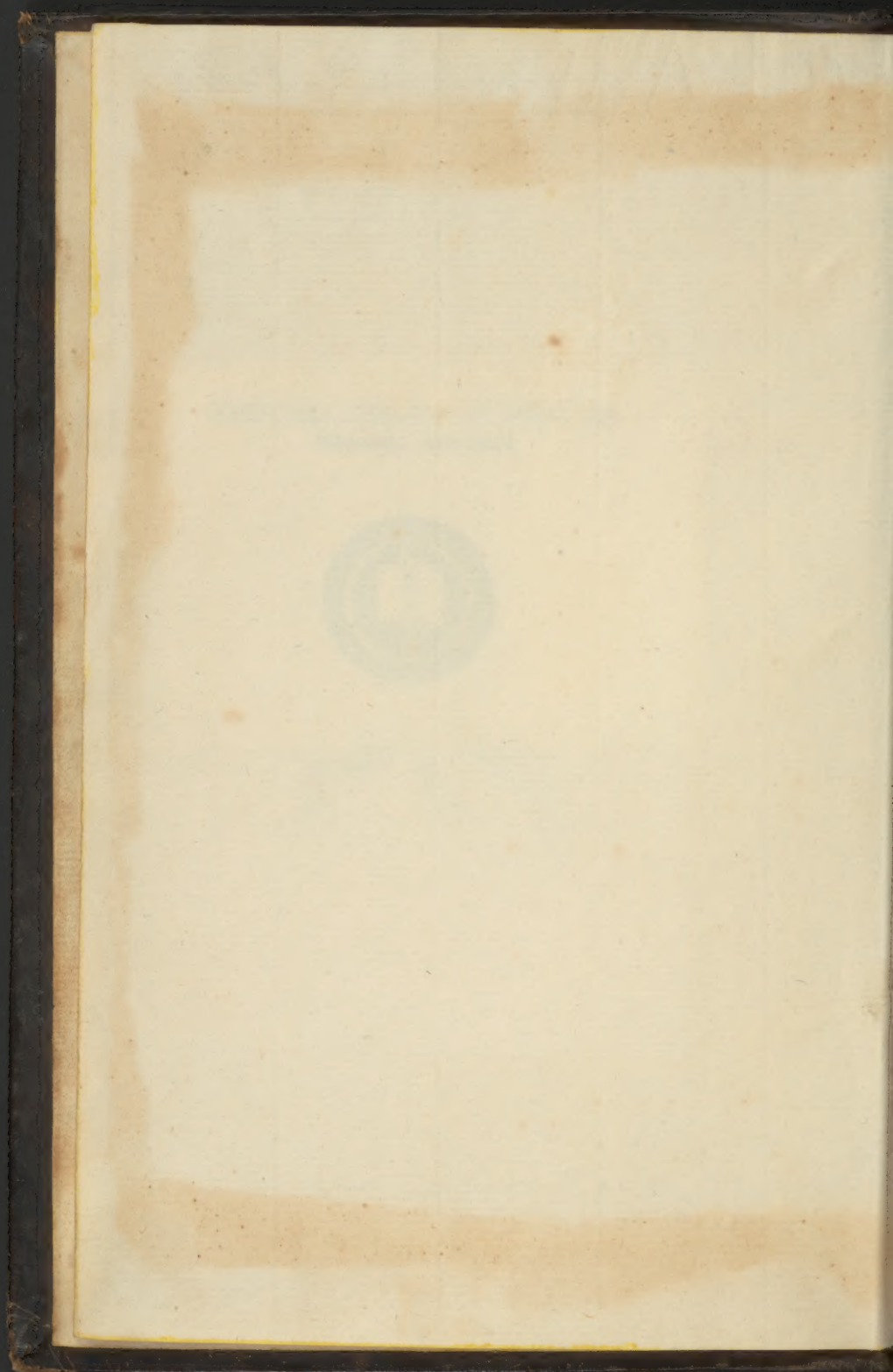
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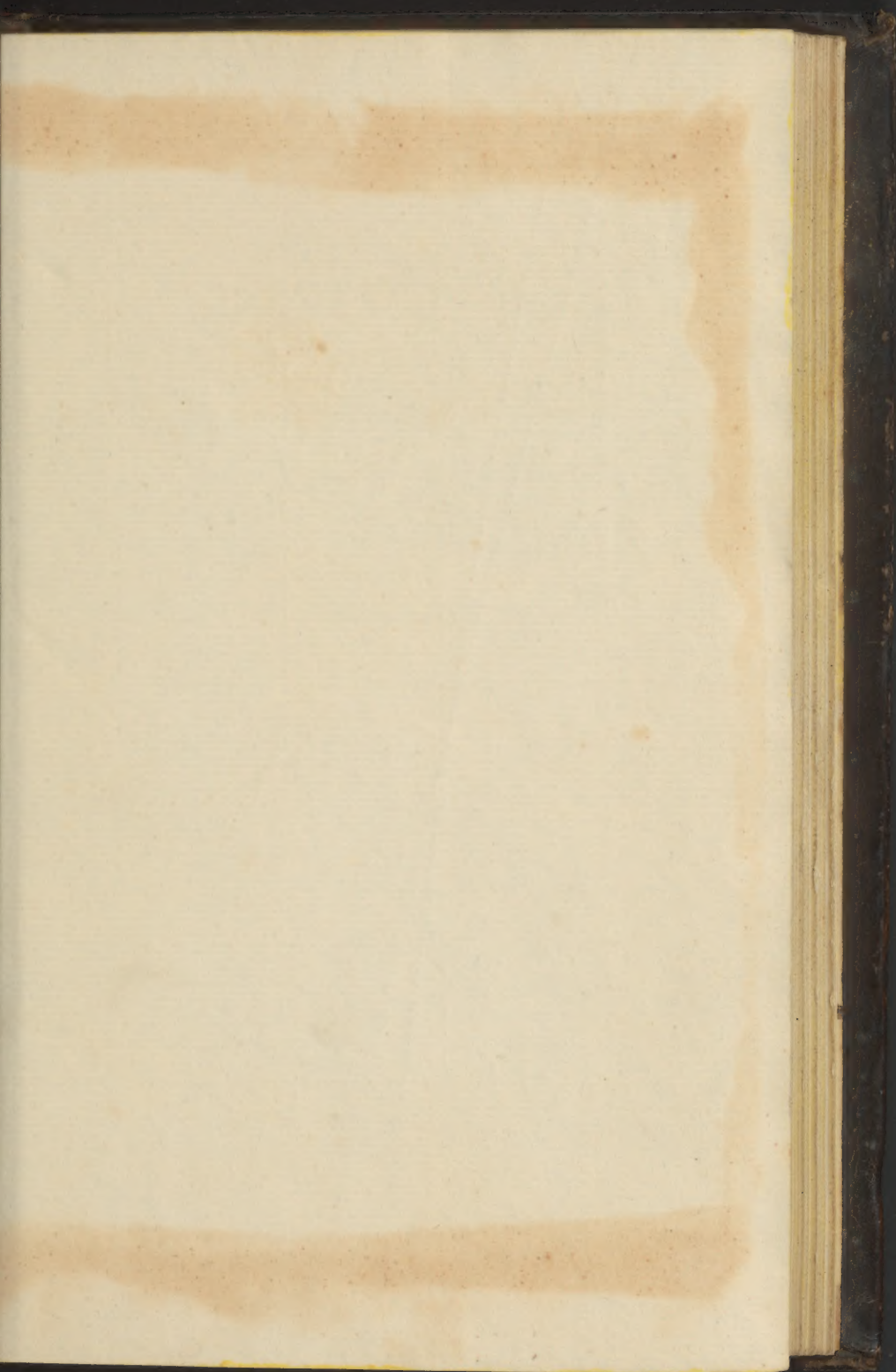


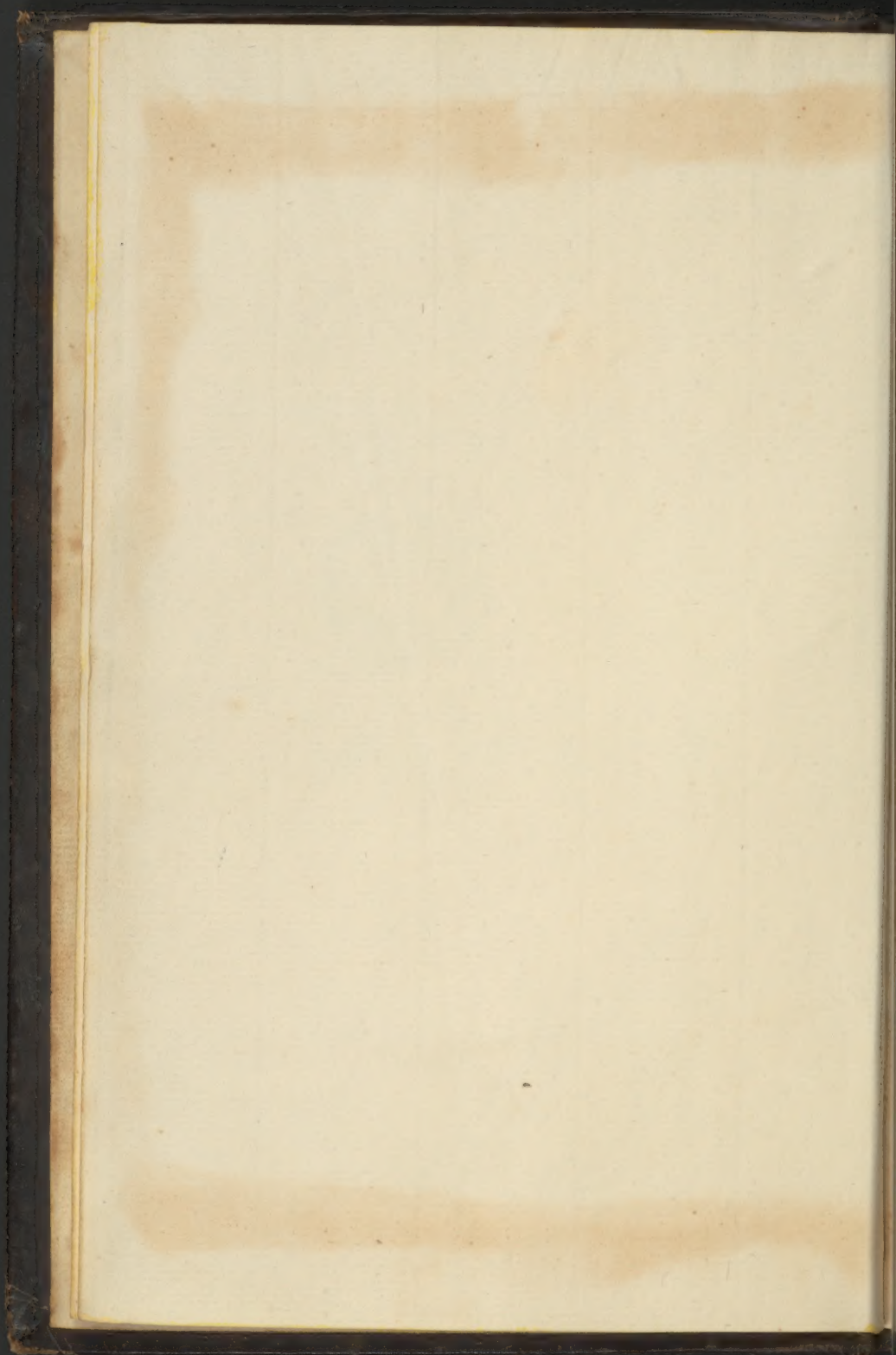
Thomas Howitt.

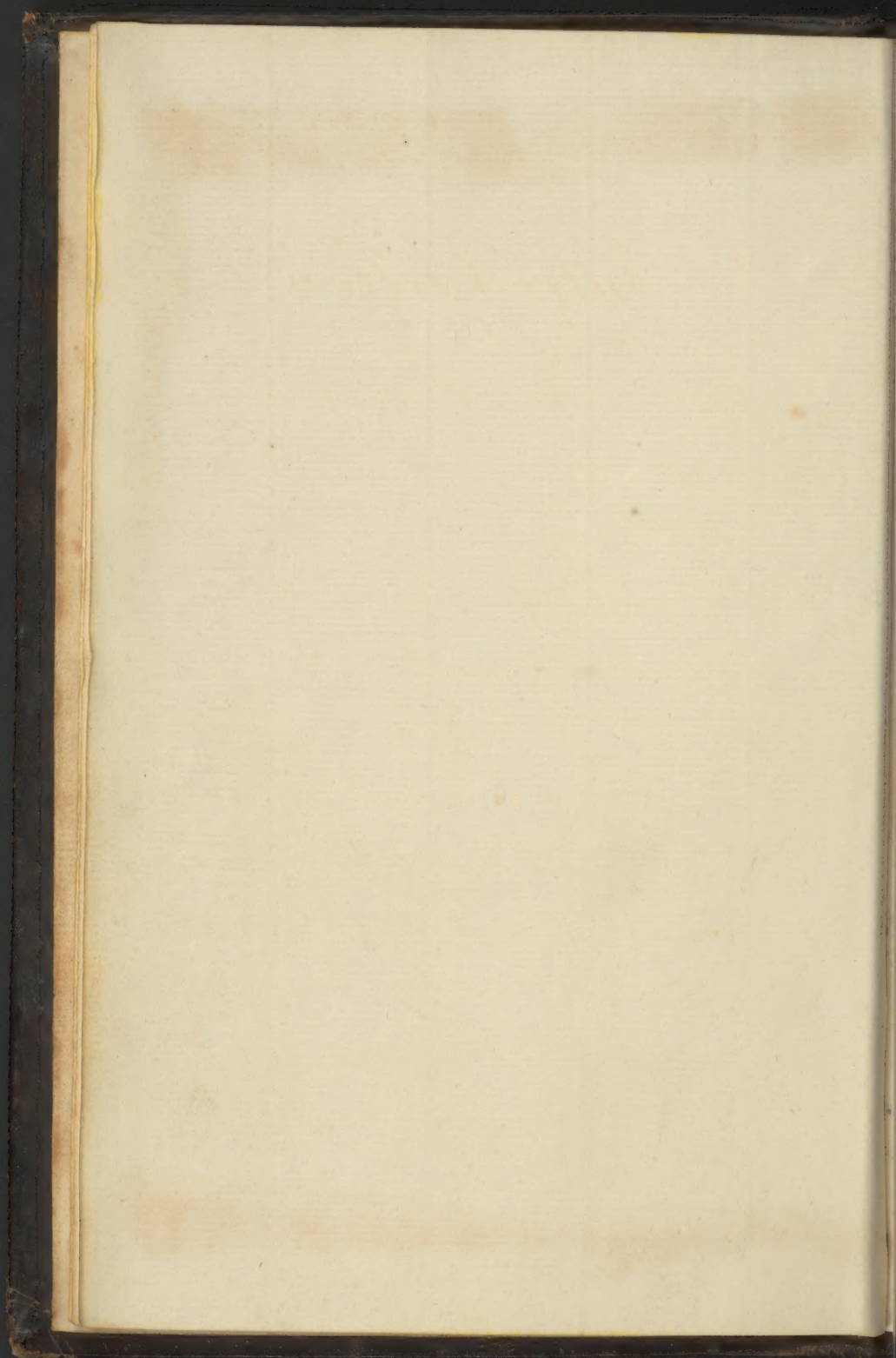
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Amato









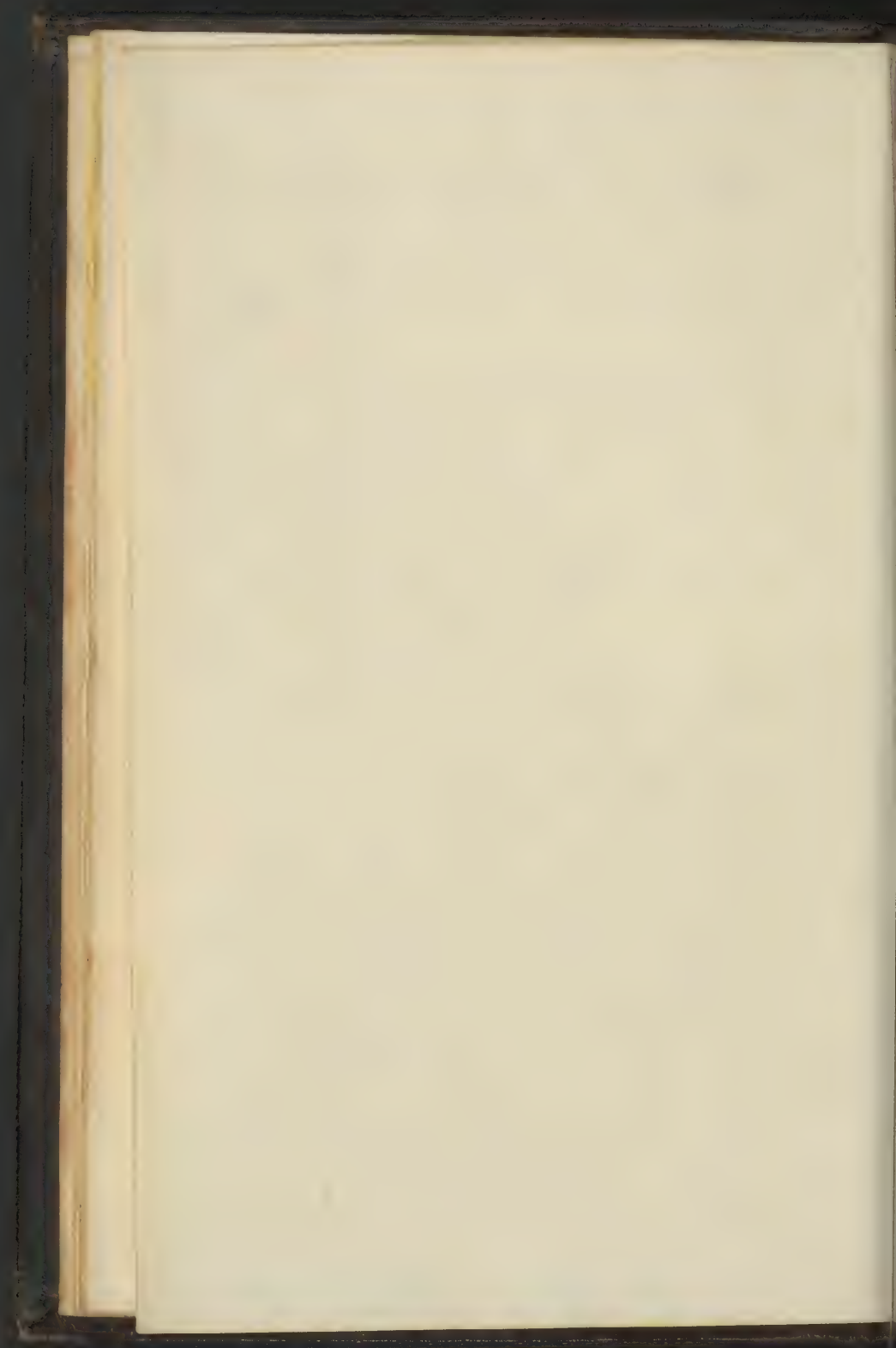
Introduction.

A young operator should resolve every part of an operation in his own mind before he commences it - and endeavor to prepare himself for any accidental circumstance that can possibly happen to disconcert during it: he must at the same time determine never to do any thing in haste - as there are the worst operators who do generally doing more than necessary - but as the other hand go coolly and deliberately to work - when the pain to the patient will upon the whole be less.

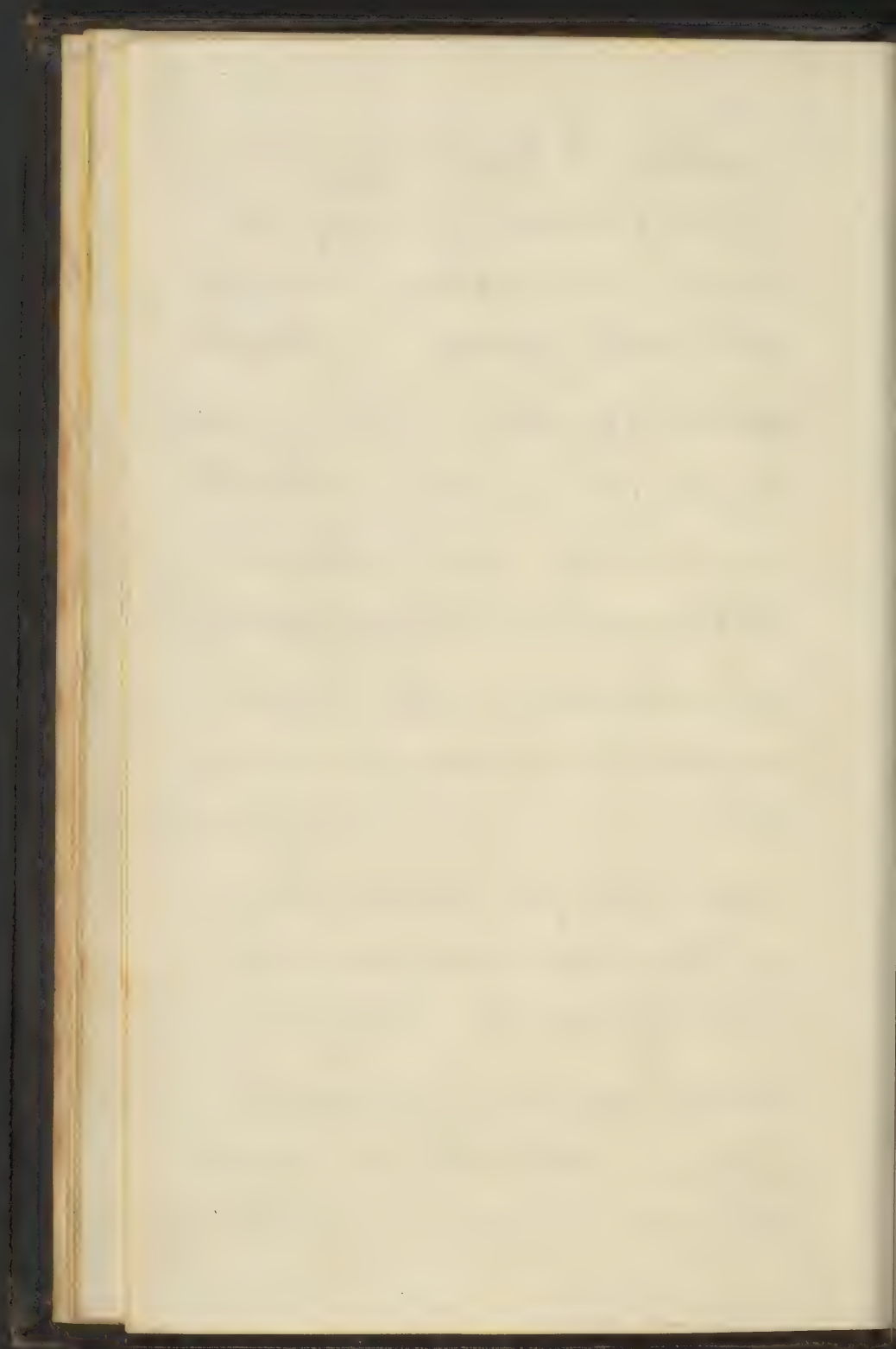


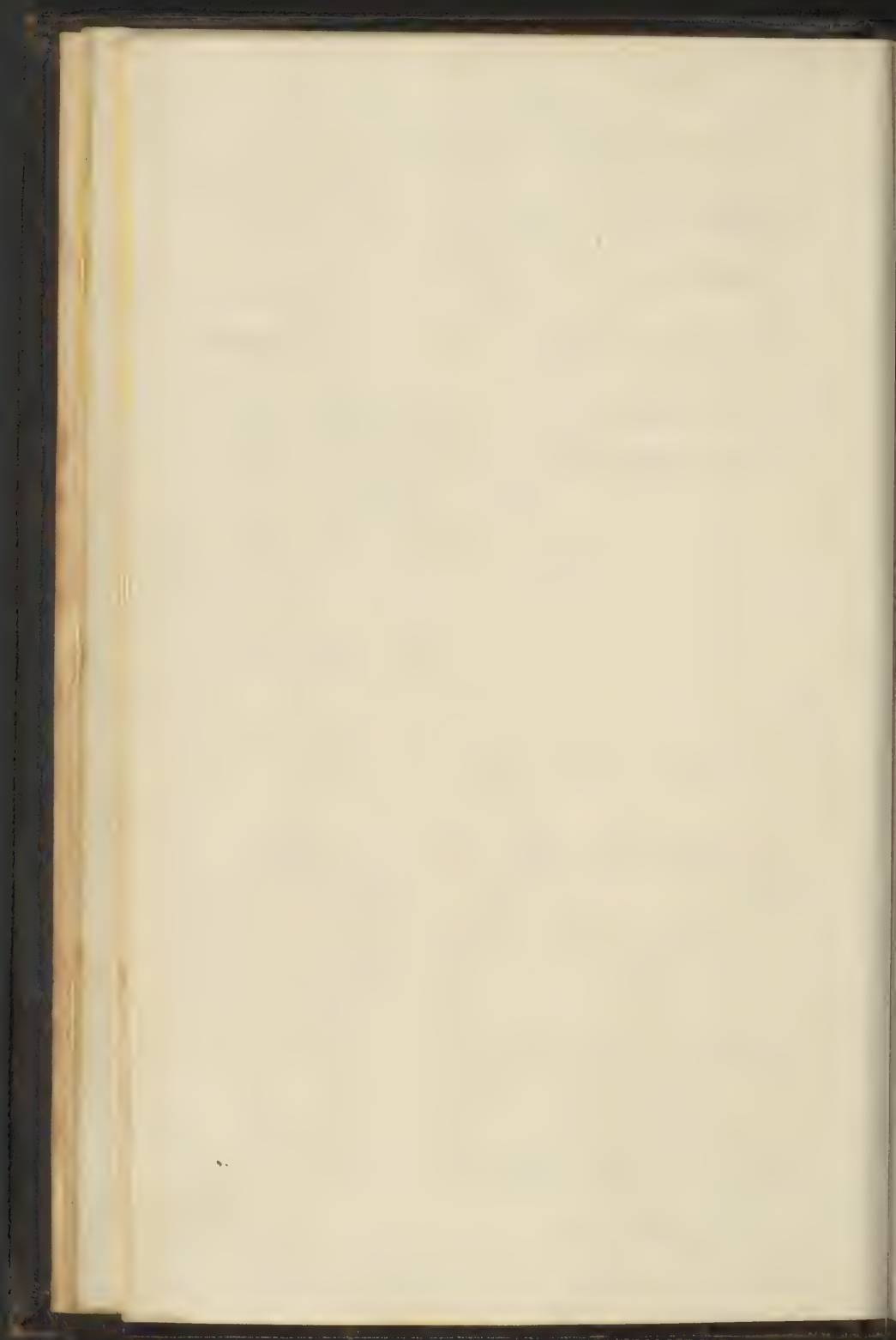
These are operations for the time
may be more successful by some
more improvement — and with
may require the before it is if
is better than the former. —

At the same time may be very dan-
gerous in itself — yet we must con-
sider it in this light — whether by
having the patient conscious it would
not be attended with more pain
in such circumstances it takes the
surgery to have insensibility in con-
sistency — which takes off part of the im-
possibility — is if successful not
blame can attend to him — but if suc-
cessful he requires greatly, much to
fit — another advantage in the

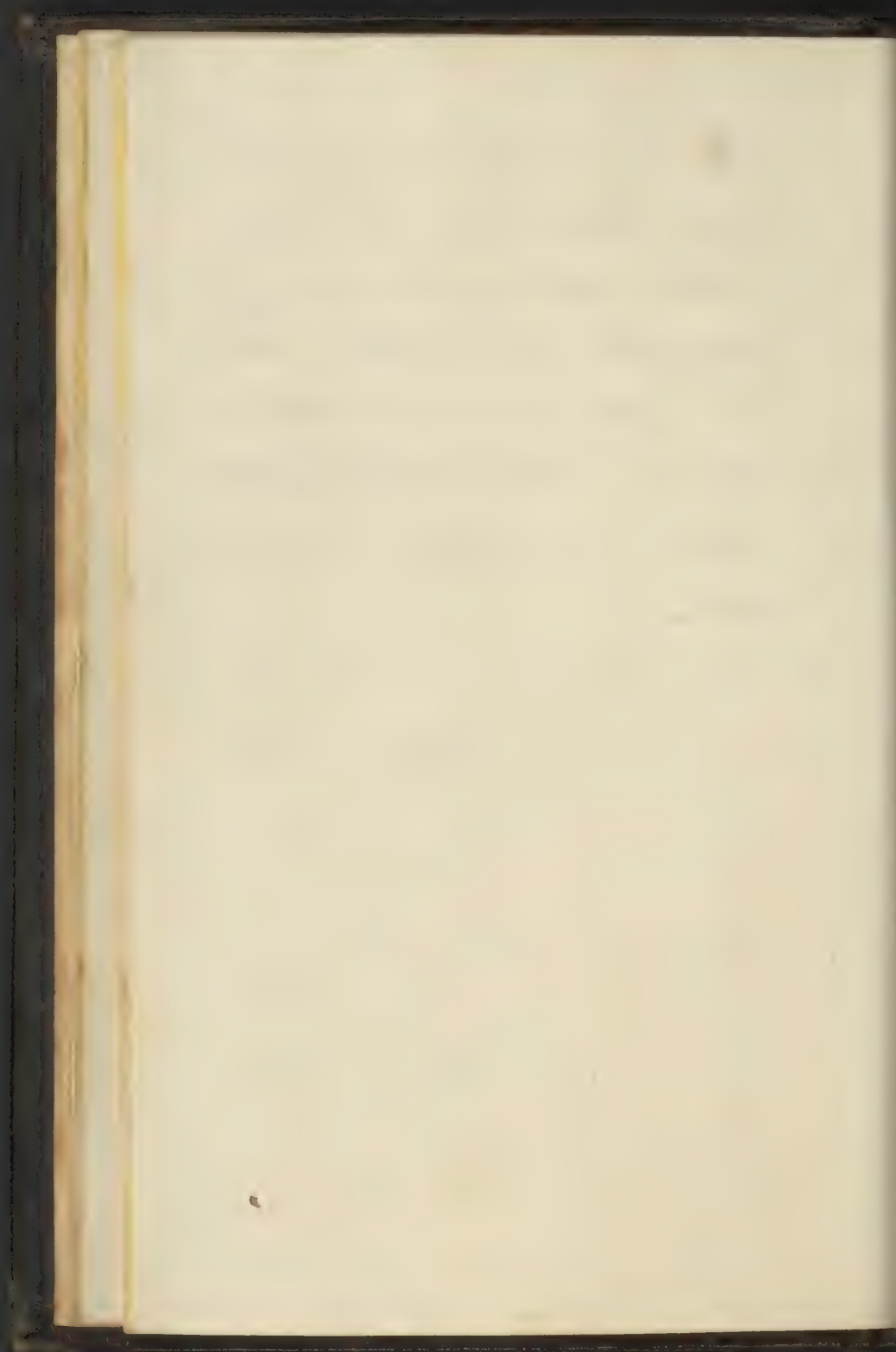


collations is the possibility of more
light being thrown on the
disease - what might never have struck
either of them separately - Whether
operation is warranted with danger and
persecution is uncertain - The latter
very true there is such a difference in
the constitution and strength of patients
that what would be perfectly safe in one
case would be highly dangerous in another
- and the degree of injury is in some
measures by the state of the patient's mind
when he submits but without reluctance
is generally successful. But if there is a
timidity and particularly a prophetic
opinion that whatever is under-
taken will unavoidably fail, this

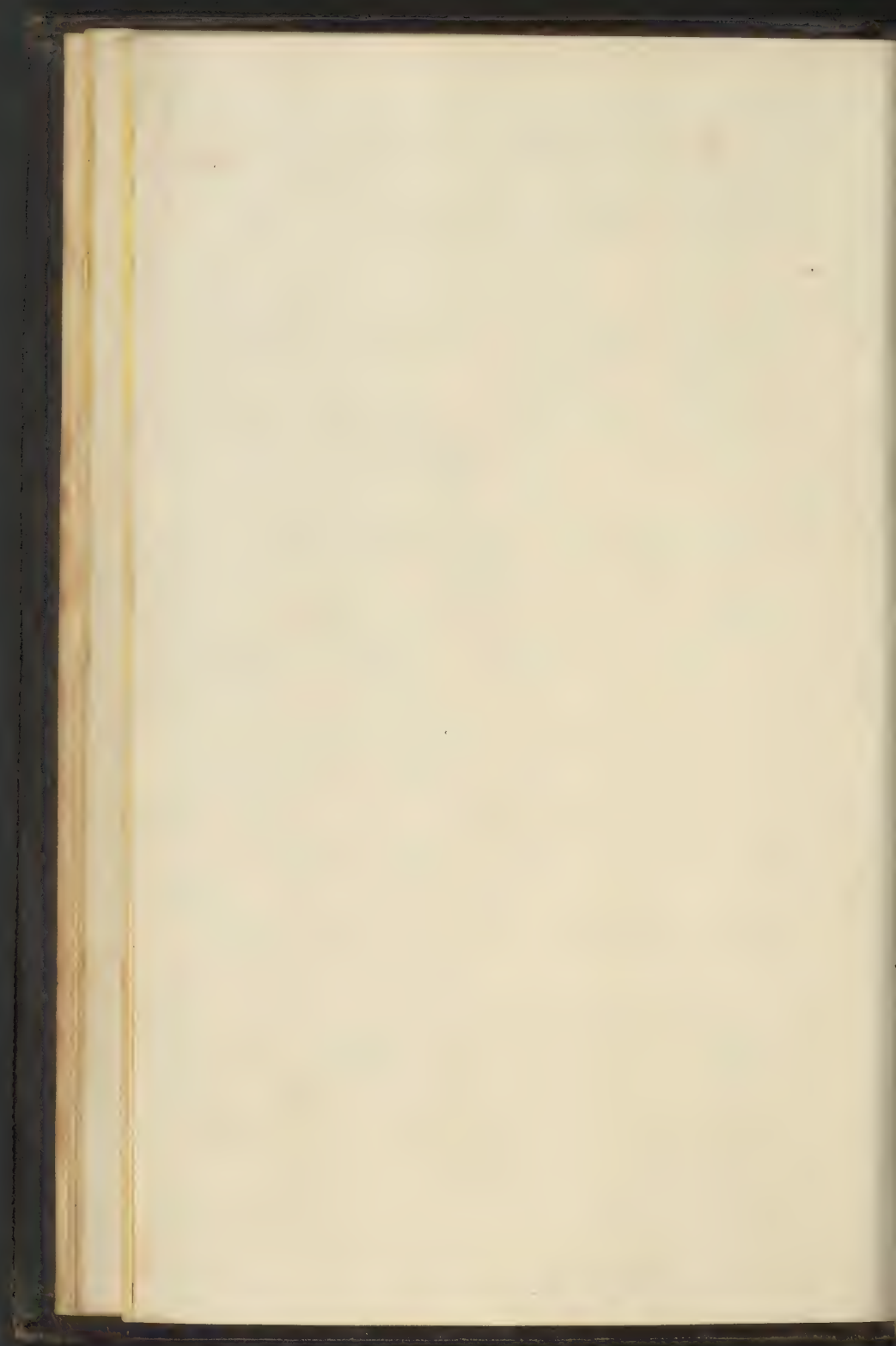




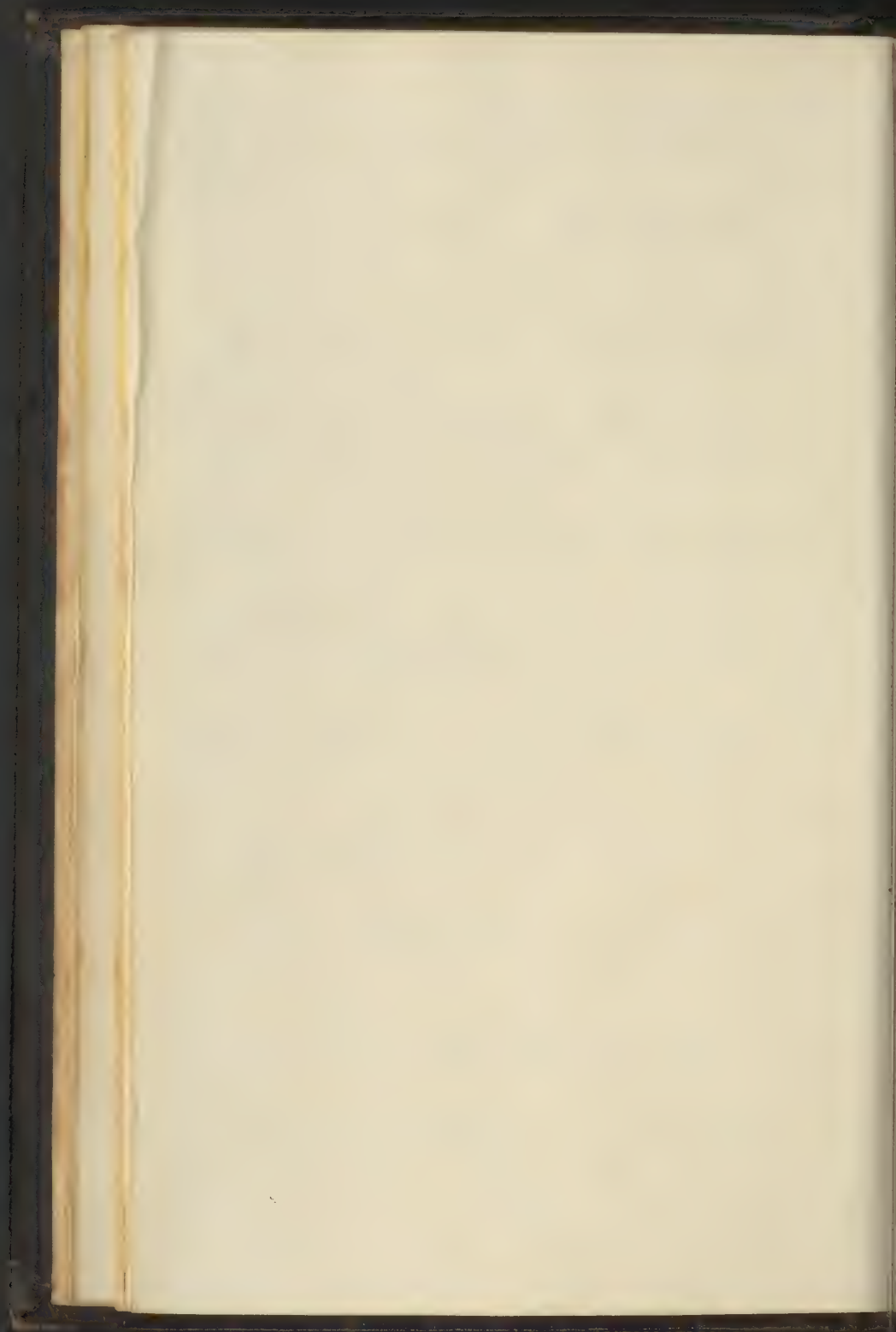
Then there is business coming to
arrange the questions - beginning
with those which are done by bringing
parts together either by Latin or other
means - after first considering them
true or false, about it is first affected
what it would amount to be in propo-
sition - . . . In a series of
any required part of a number then
will be a considerable expression of them
which from its regularity principle
any doubtless in the expression
that it would require then a few-
days to affect it completely - This is
called Unica by the first Latin
But in the Latin series there is
a great deal of time in the expression of it.



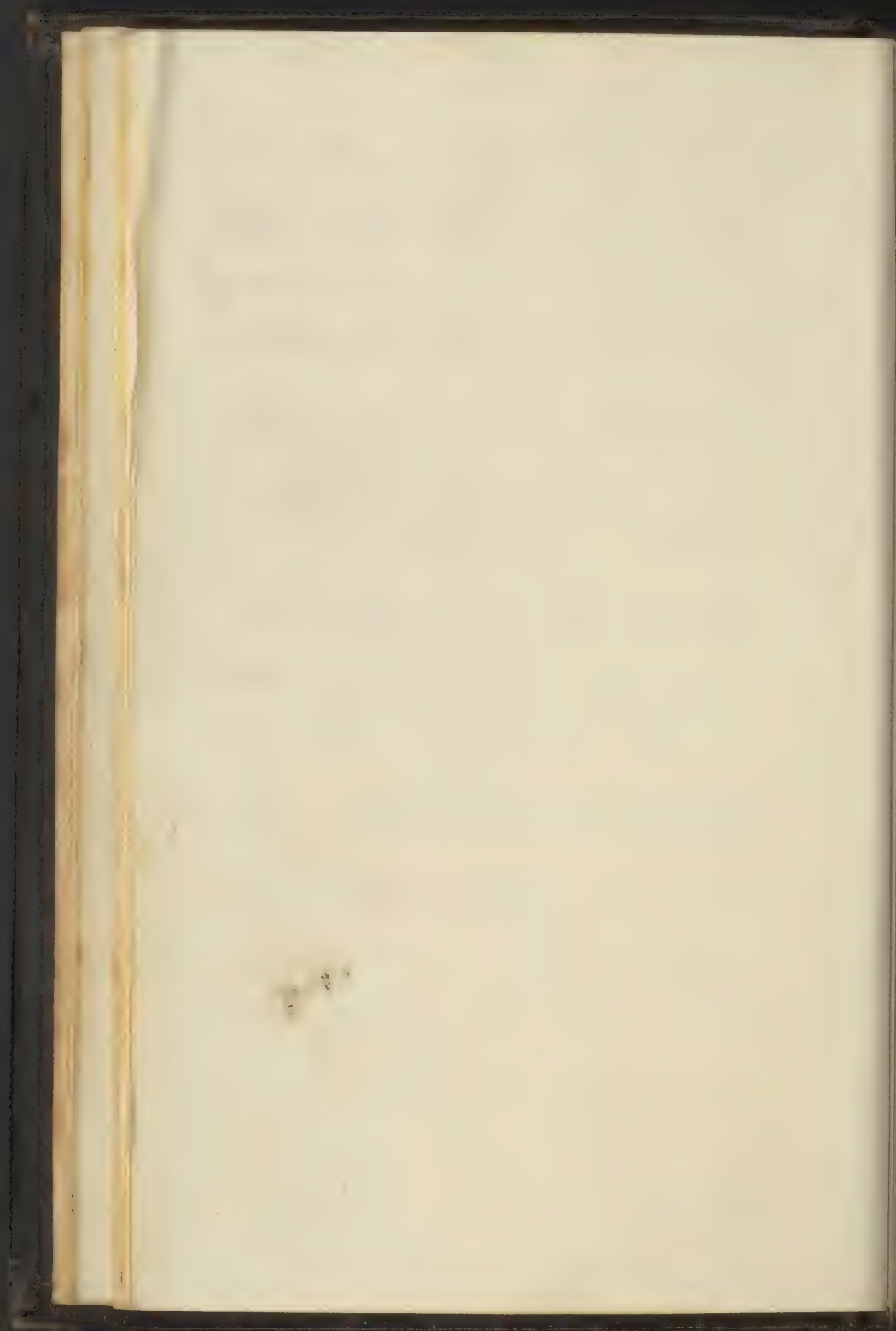
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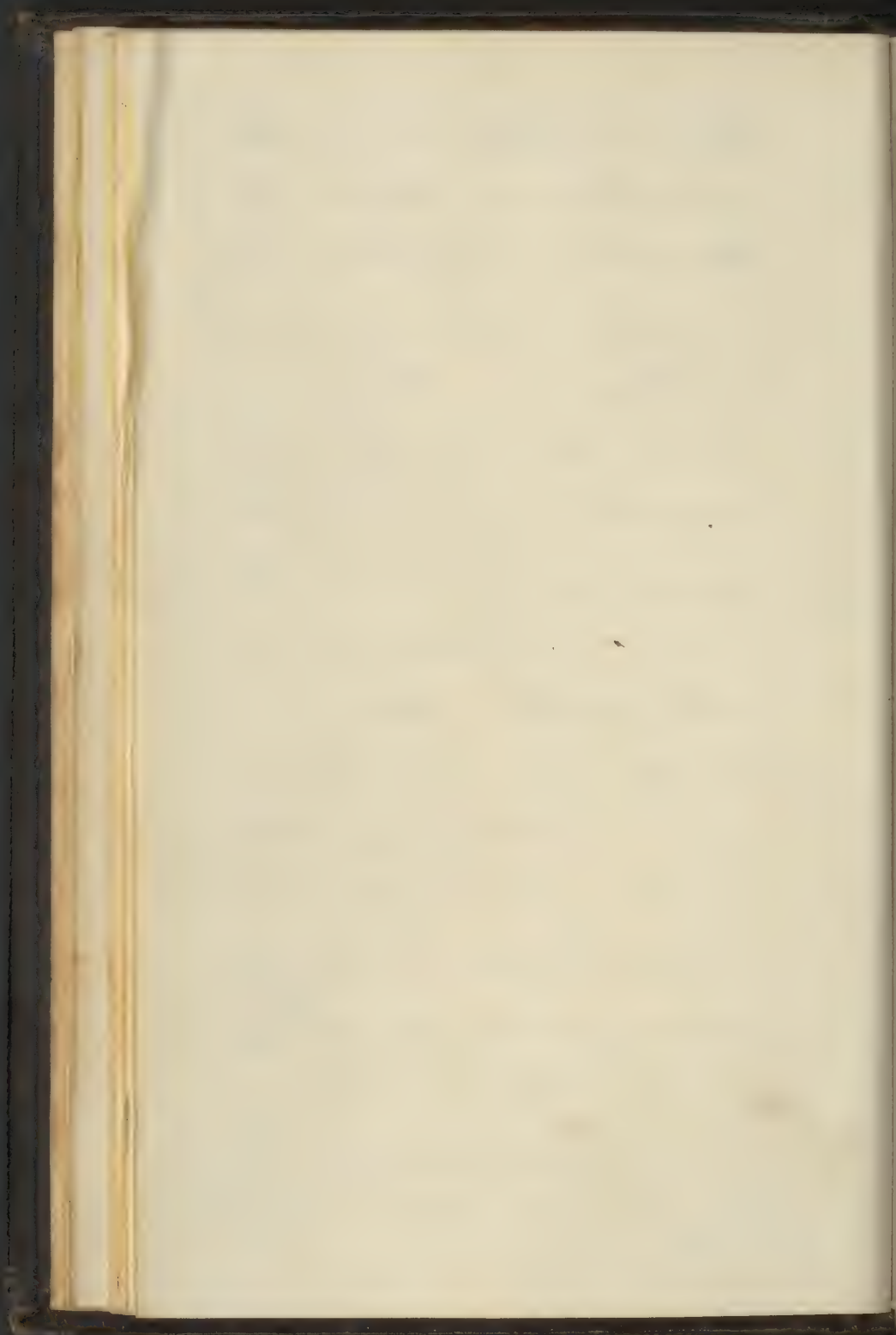
I would say - to make by the
first lot - the House was
in the midst of action by a
first statement - which has the
character of a surprise and surprise.
Then of late together with from M.
say, and with our this, further it,
the house - which shows the prop-
erty of attempting to lose them - particu-
larly if they have any intention of
which cannot be extracted - must,
then, and in the improvement of the
house, and the attempt - but if,
it could be removed - then the
supposition is to grow - which
intentionally affect the person
and discharge it -



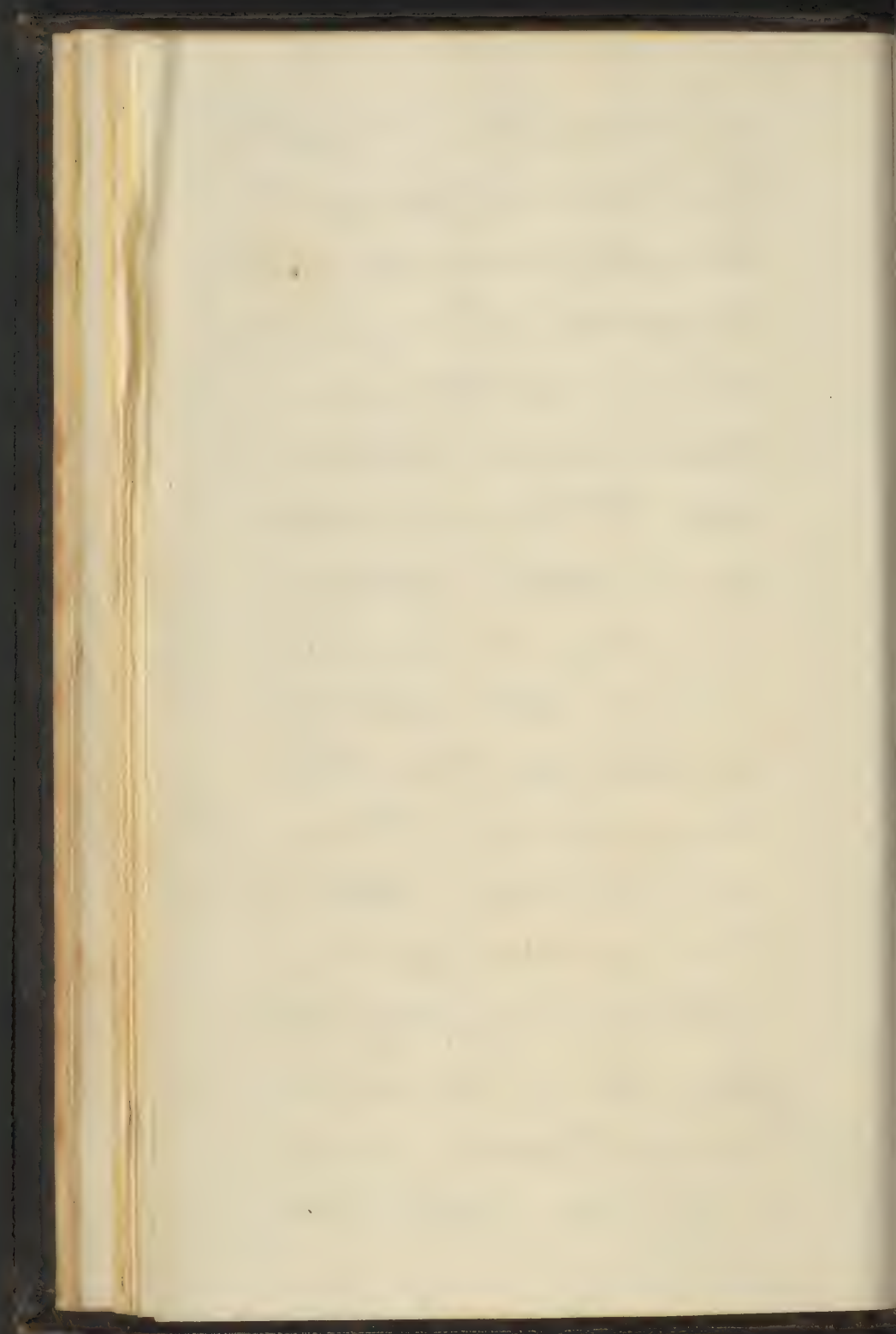
From any poisonous matter is in-
volved - as in the bill of a wood pecker
I would be highly imp. for to all p.
and by bringing the edges of that are
in contact - causing action & death -
from the secretions of its virus in the
system. - The small but very
to unite as it were by any other
cause and without more pain than
usual: - But in a few words,
approaching lunaticism is plain the
fact - accompanied with madness.
Drops and heat - without pain of
the whole liver running along the
course of the absorbents - with p.
and inflammation - return inevitably
from darkness - light - touching the



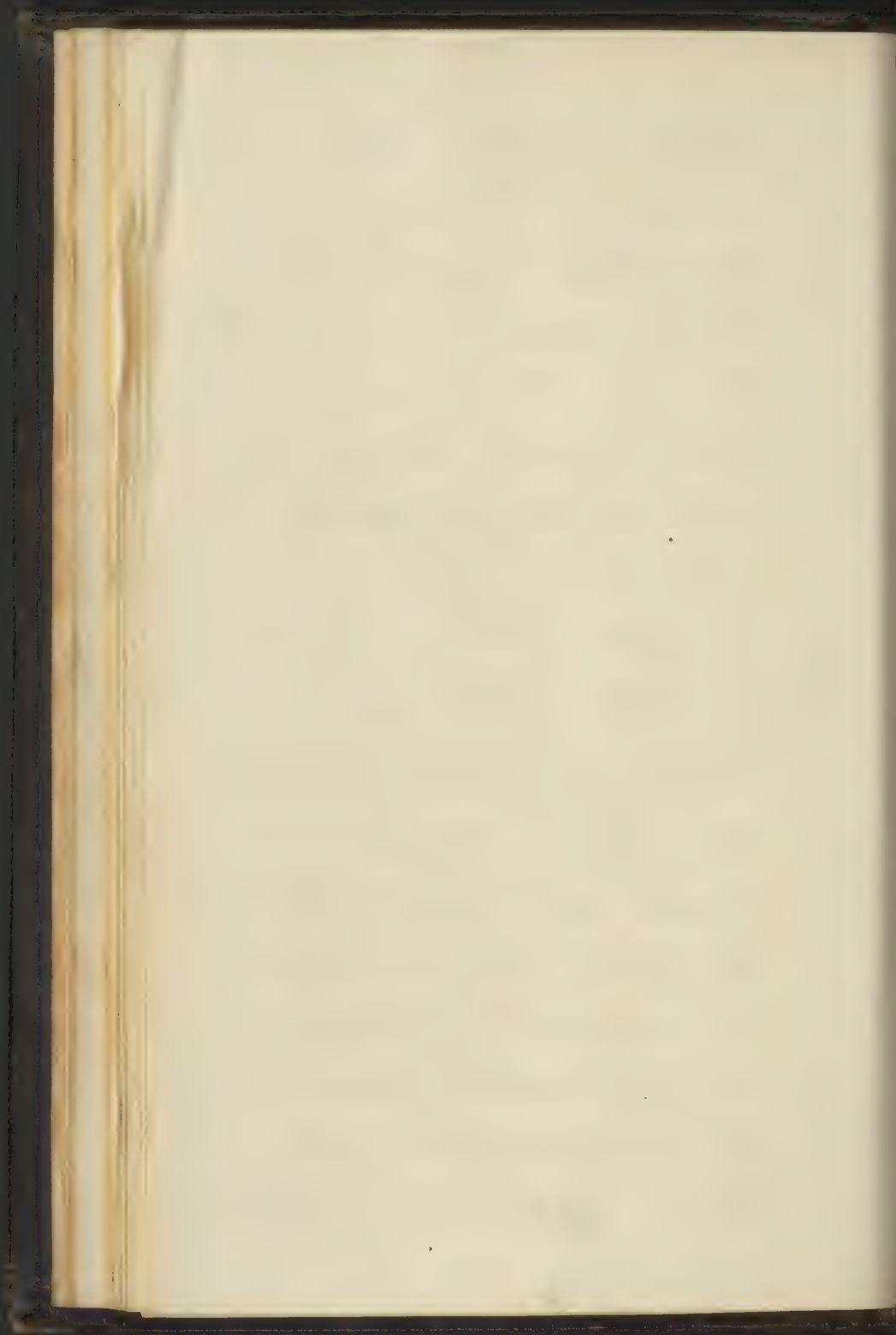
begin of the Day, planning the
project there:— when this
time nothing can be observed of
the ship—generally appears in July
eight Hours. — The first
time seen was in the first in-
stance to have set out in part of the
surrounding part, — as you can see
any more, mark out the whole of the
two hours expected. — It may be
be destroyed by inserting the whole part
as deep as the last have penetrated,
and destroying the surrounding parts
in five minutes after the whole is
inflicted:— and this more is perhaps
possible to be seen in the position
in general by a great of it. — It
is perhaps the best and the best



you must see how far the mem-
ber for water into the spring of Sub-
stance of the cellular membrane - but
the matter from becoming quickly
fluid and most likely was into
the same substance as the others in
it. - The tissue has sometimes
superior to those of the tissue.
In the cases where the membrane
is not so a suspicion that while
has been sufficient. The part should
be carefully examined the same
as the others. - But when
the membrane is so thick as can-
not be cut out with propriety in the
chest or lungs - you must trust
to create relations - one case
in the eye has been seen

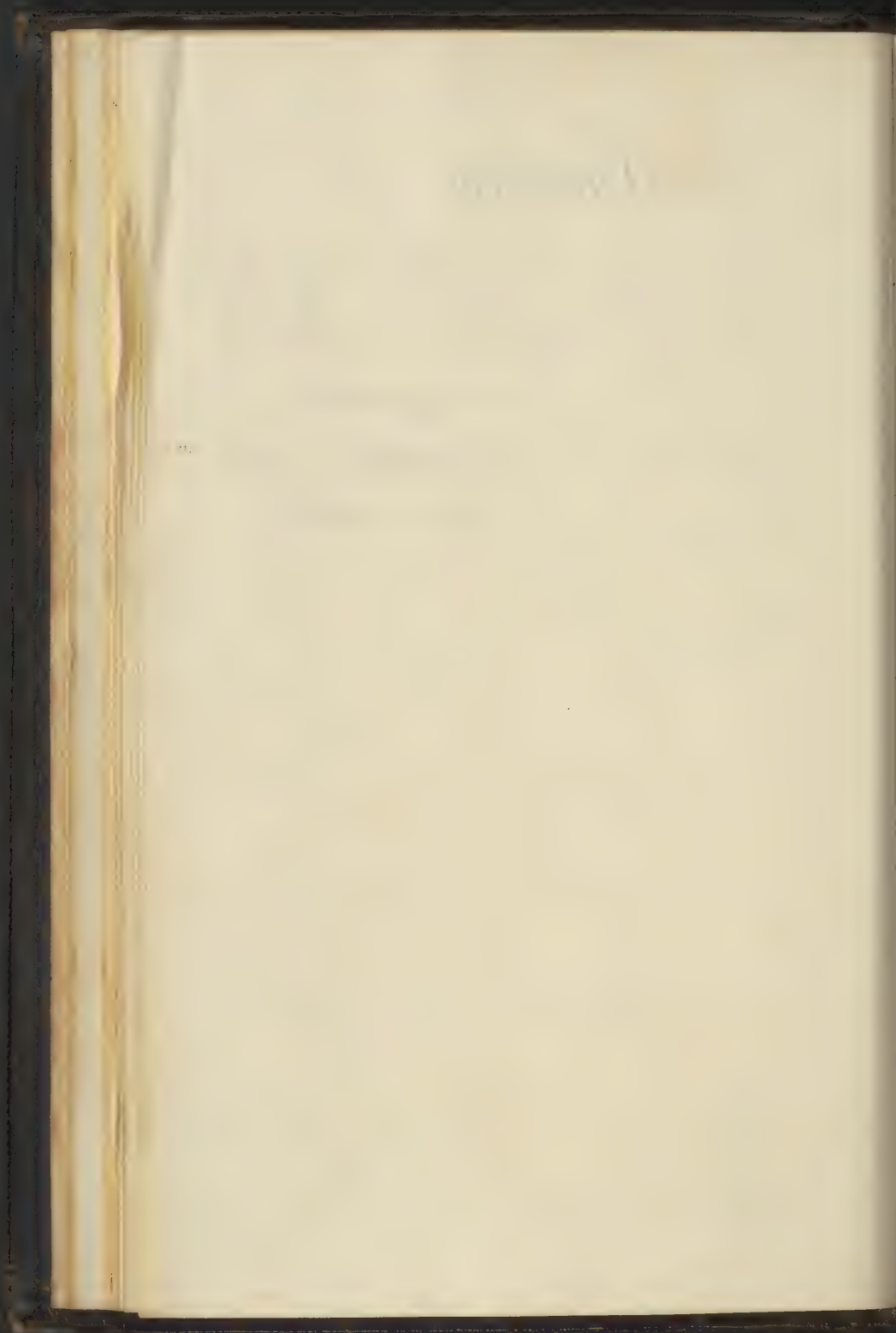


in King's Hospital - I have
examined the case of a
man of the name of [unclear] for
that disease - it is indeed a
rare - I believe has never been
described in the medical history of
the case of [unclear] who was bitten in the
arm - when the wound was left
he swelled - both the leg and arm
had the same [unclear] appearance
[unclear] - In the case of a Surgeon
General [unclear] who was bitten in
the back which wound led to [unclear]
the disease arrived after the applica-
tion of Caustic - The poison
will lay dormant in the system a
long time without producing any
change - A. C. has known it [unclear].



Sutures.

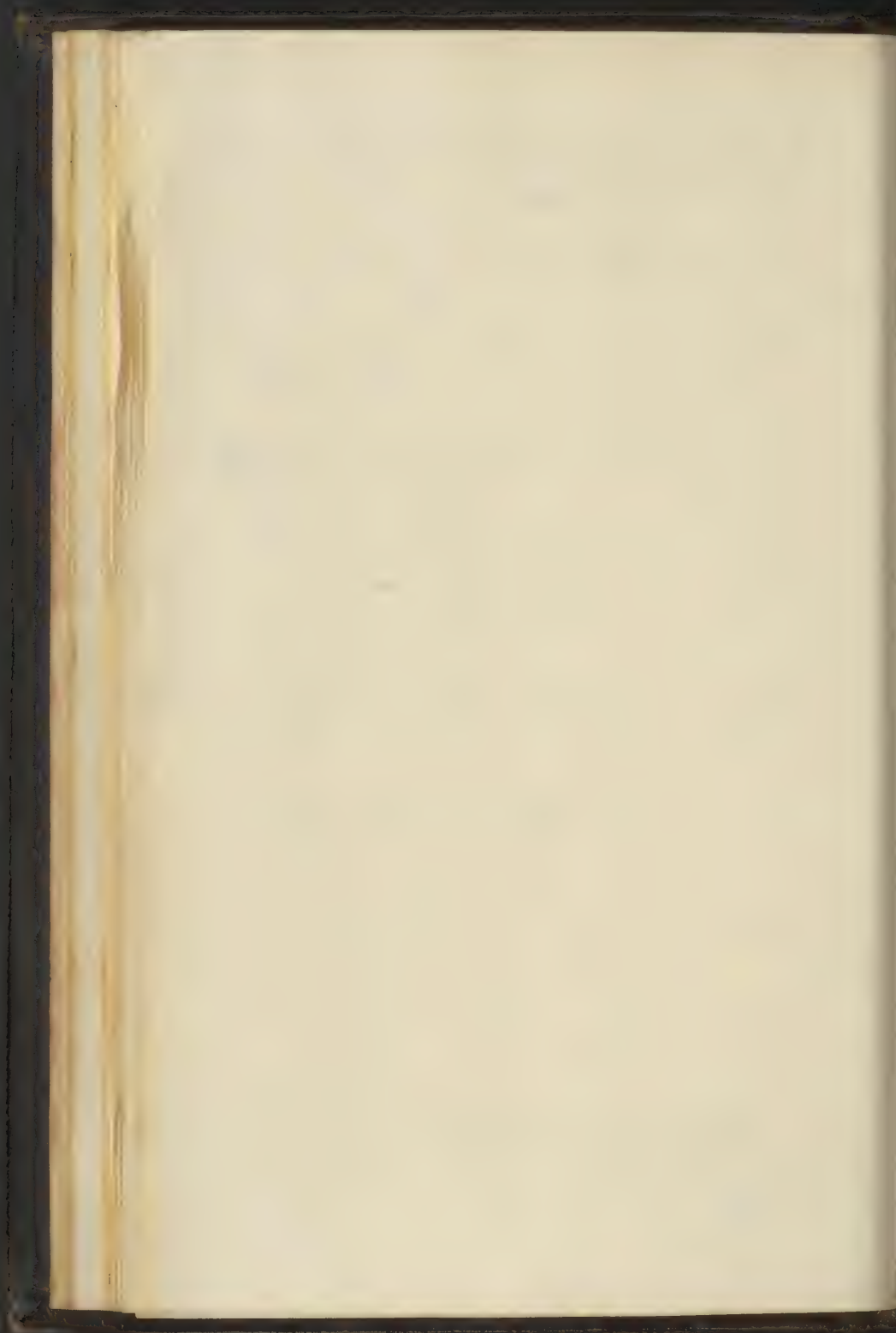
Quarrels may frequently be
settled by any placing one at an-
other, there are several positions in
which the right always to be done with-
out subjecting the patient to the pain
of passing a ligature, and its consequent
irritation. In the first position, a
quarrel may be placed by a surgeon, placed
and passed, and the patient may be
very comfortable. But in
the second position, the ligature is placed
the quarrel is placed, and the patient
is in some degree of pain. A ligature
is never necessary to prevent it.
Ligatures are in the system. The method
should only act upon the skin, and



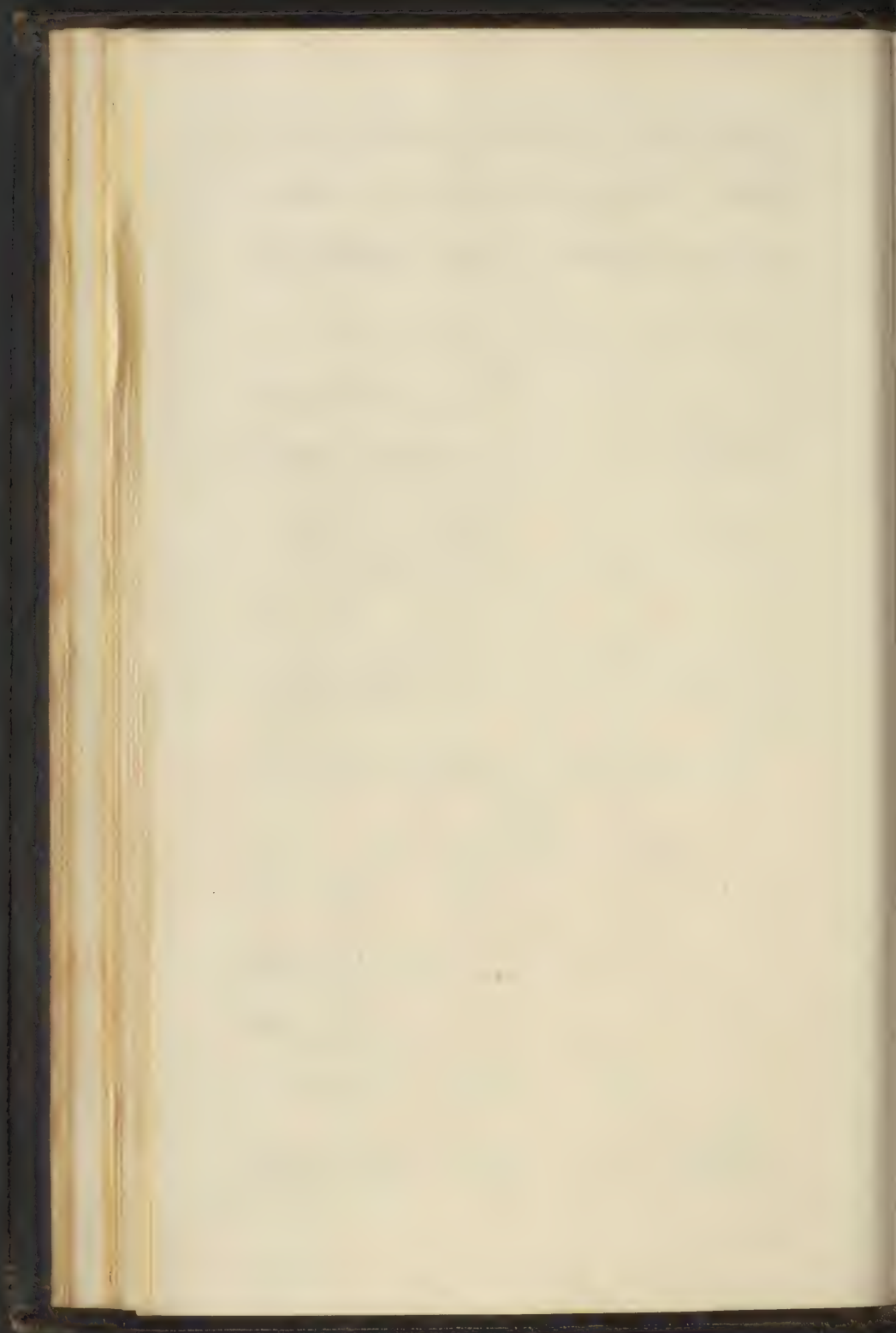
fully answering both the Tenses and
Tenses of the Latin. - The common
of the Latin of the Tenses - obligation must
be proper - in those of the Tenses with
out it the Tenses would be equal parts
and the speech in consequence of part of

Latin must be in the proper parts
tenses and in the proper parts
which have been being, present or
with circumstances of context as the
Tenses of the Latin in Latin - but only
into the Latin - Interpretation - otherwise
the notation might cause confusion
tion of the entire sentence and
put the patient's life in the most im-
minent hazard.

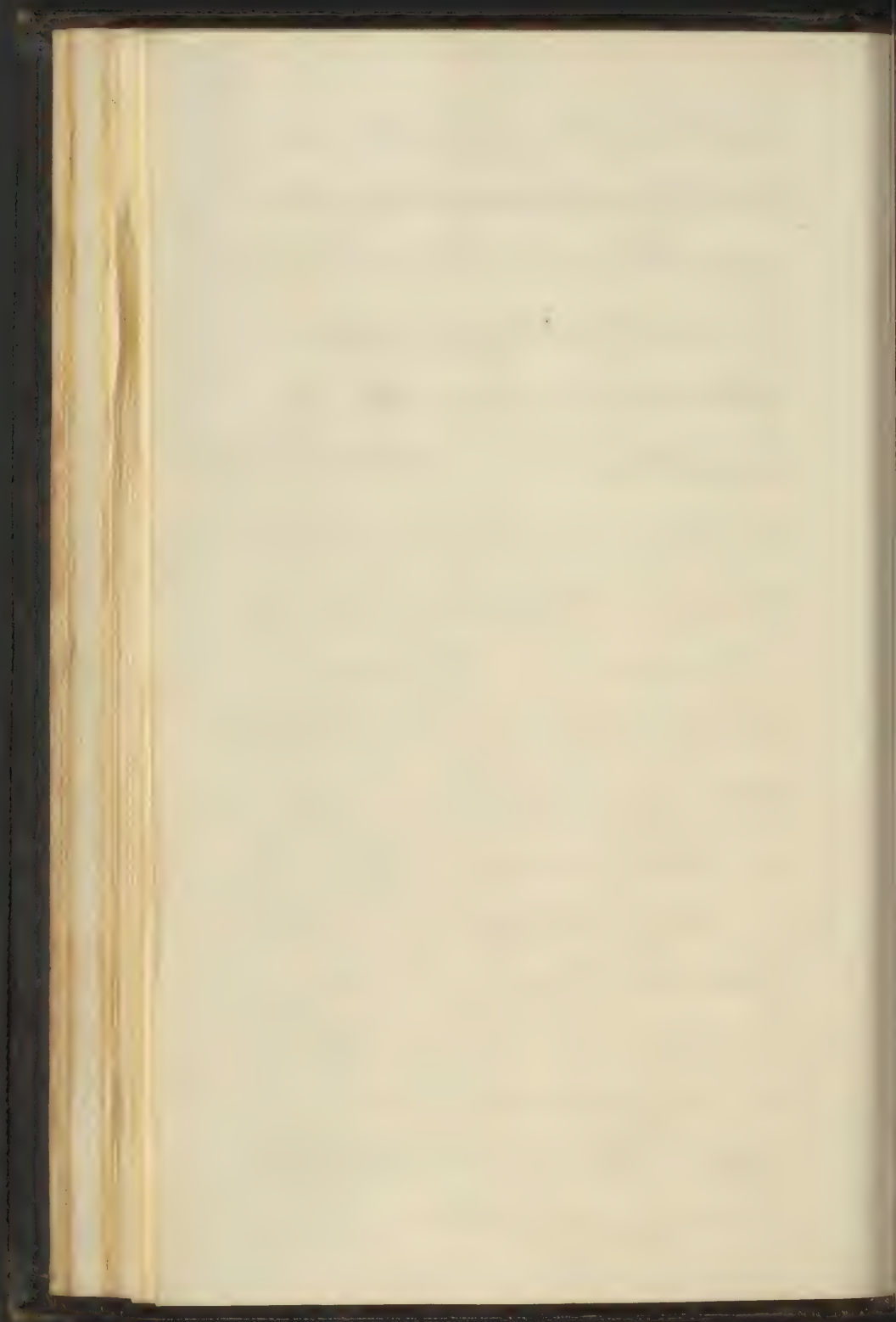
The Interrupted is the most
common but if Latin and is common



with a small number of the same material,
from the angle on the concave side
is in proportion to the depth of the
wound. The ligature should be
drawn up until the wound is closed and a
flat form over about the size of the
wound. — Without a ligature
is at a distance from the edge of
the wound equal to half the depth
of the wound — with the bottom
drawn out again on the opposite side
and ligature should be about an inch
distant from the other — Thus the
wound will be in proportion to the
length or so as merely to keep the
edges of the wound in contact —
After they are at paper let them dry.

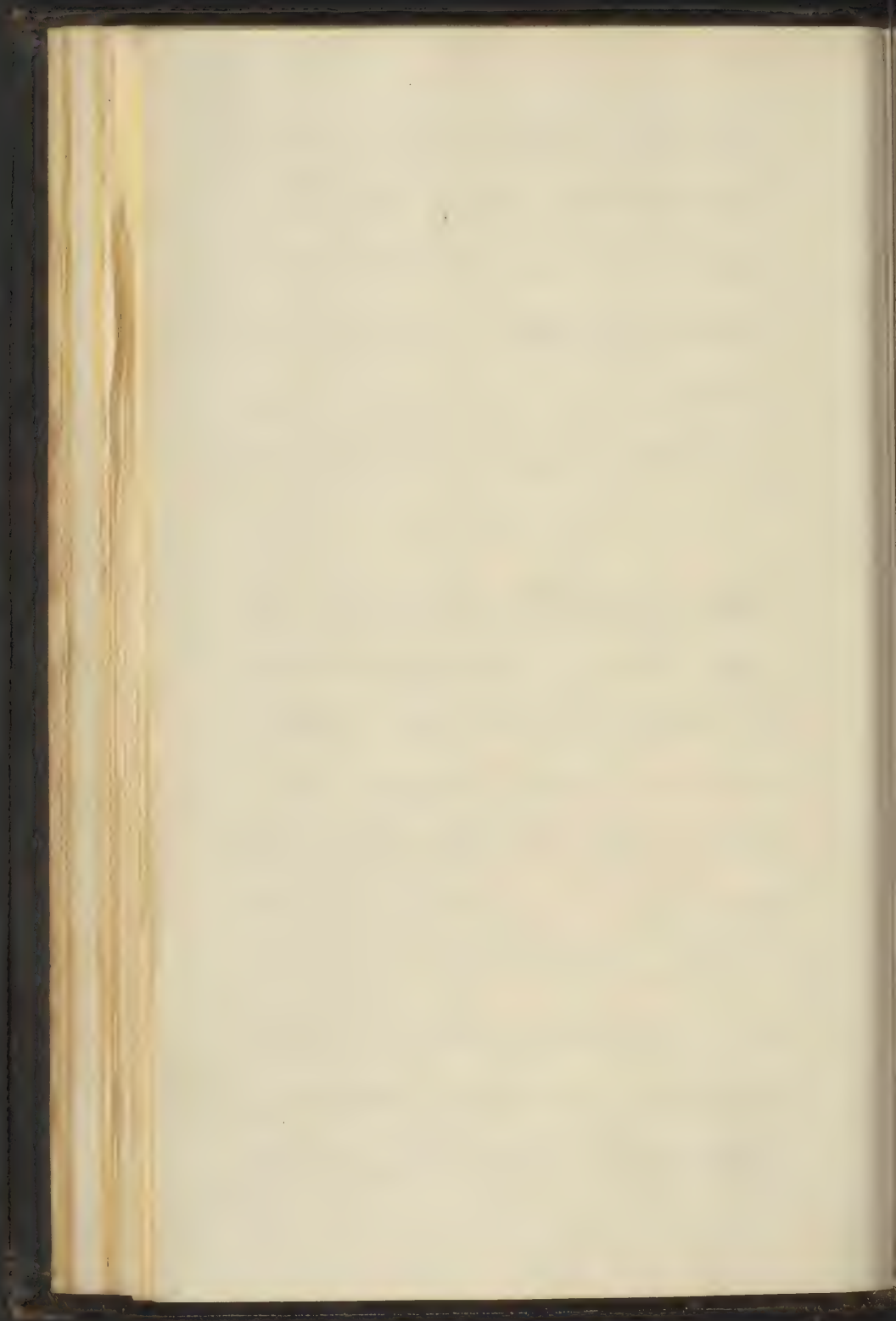


last being the 2^d together and
to the first one on the side of the
side of the same - the second must
be a slip knot & not very tight that
if the knot should break they may be
easily loose. — When thus be-
come contact it moves only the further
Security of athenoplecter and up-
er advantage — and in fact, it shows
a suspicious degree of union with be-
tween them to enable you in general
with safety to move the ligatures
to either on the upper side to the
back with a hook and then placing
your finger upon the eye to prevent
their being separated whilst drawing
away the thread — after this the finger
is only used to maintain it —

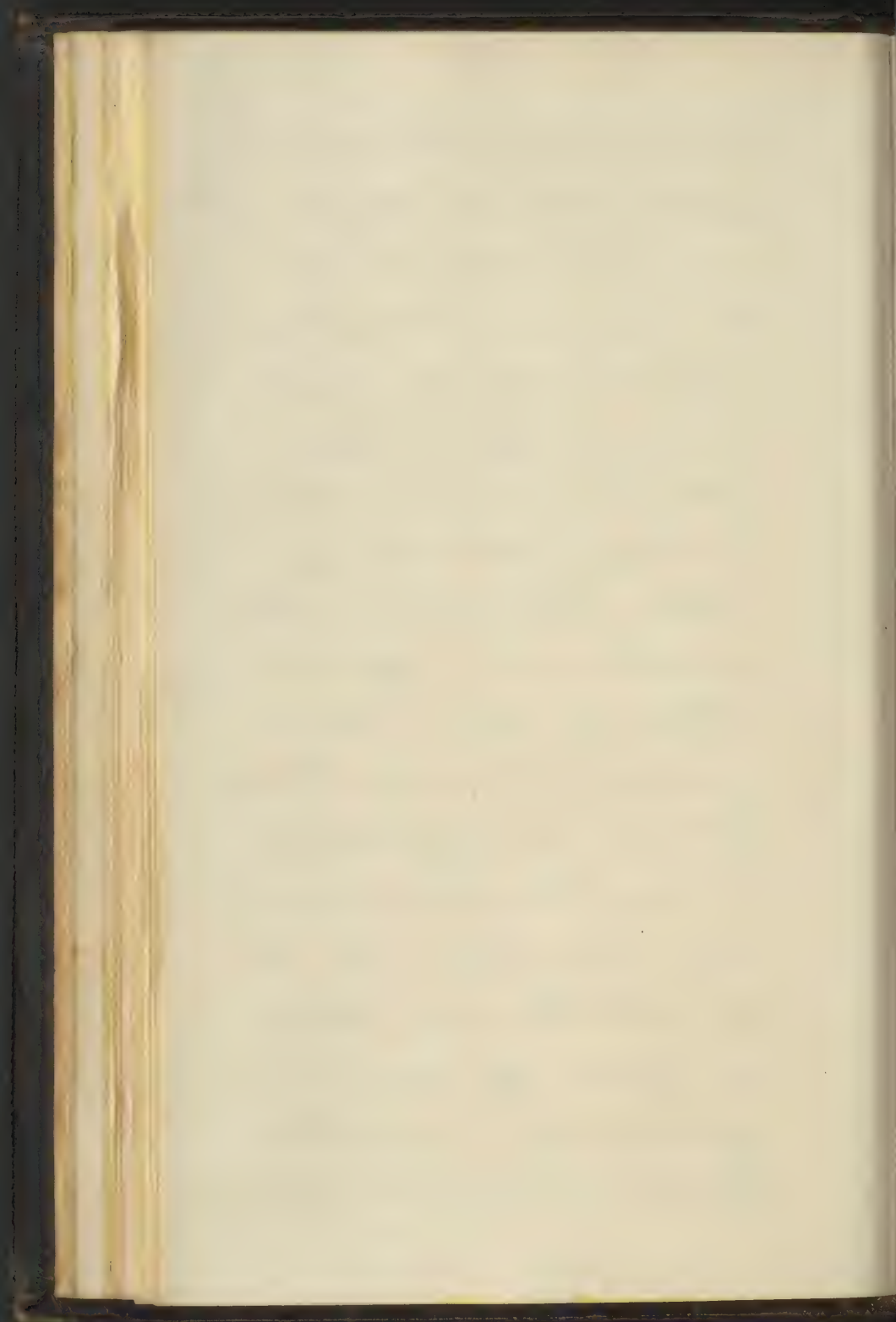


The best rule for use, however, is the
proportion between the Span
and the distance between the
toe and the heel - but not so much
the length of the foot, as the
of the transverse arch against it.

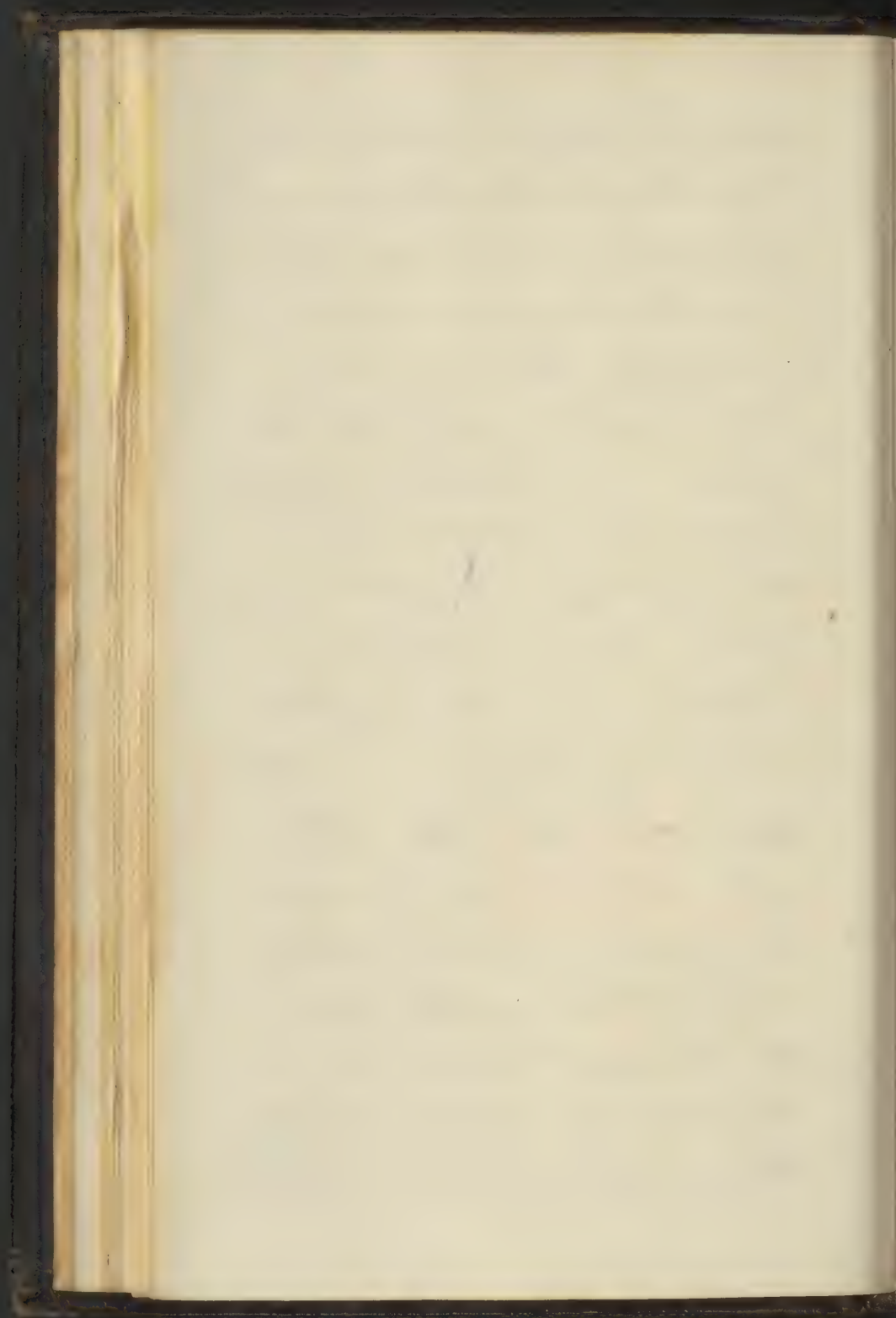
The Quill is better than any
other kind for the purpose of
the cavity of the abdomen - in which
immediate union is experienced in
inflammation of the peritoneum
during life - This leads to the
consideration of the *Cervicopneumonia* -
tion. The union during the life of
the patient - not often successfully
of the death - owing to the great delay



in Consultations - the degree of
intelligence in the whole
could not be estimated above - even
the reason was often that the
But it goes to the dignity of the
place in some instances that we
could easily be brought away
by the degree of talent & genius. -
McClure has seen two papers of the
most interesting nature as by some
eighth of an inch and the 11. are
eventually sent from London to Paris.
The mission for this operation is the
Ligueur at the consultation, and con-
siders various reports, such as to
advise of the Publication of the house
and extension of the Palace by long
ing held of the fact - and the ~~plan~~
~~fact~~ ^{plan} should be repeated from the

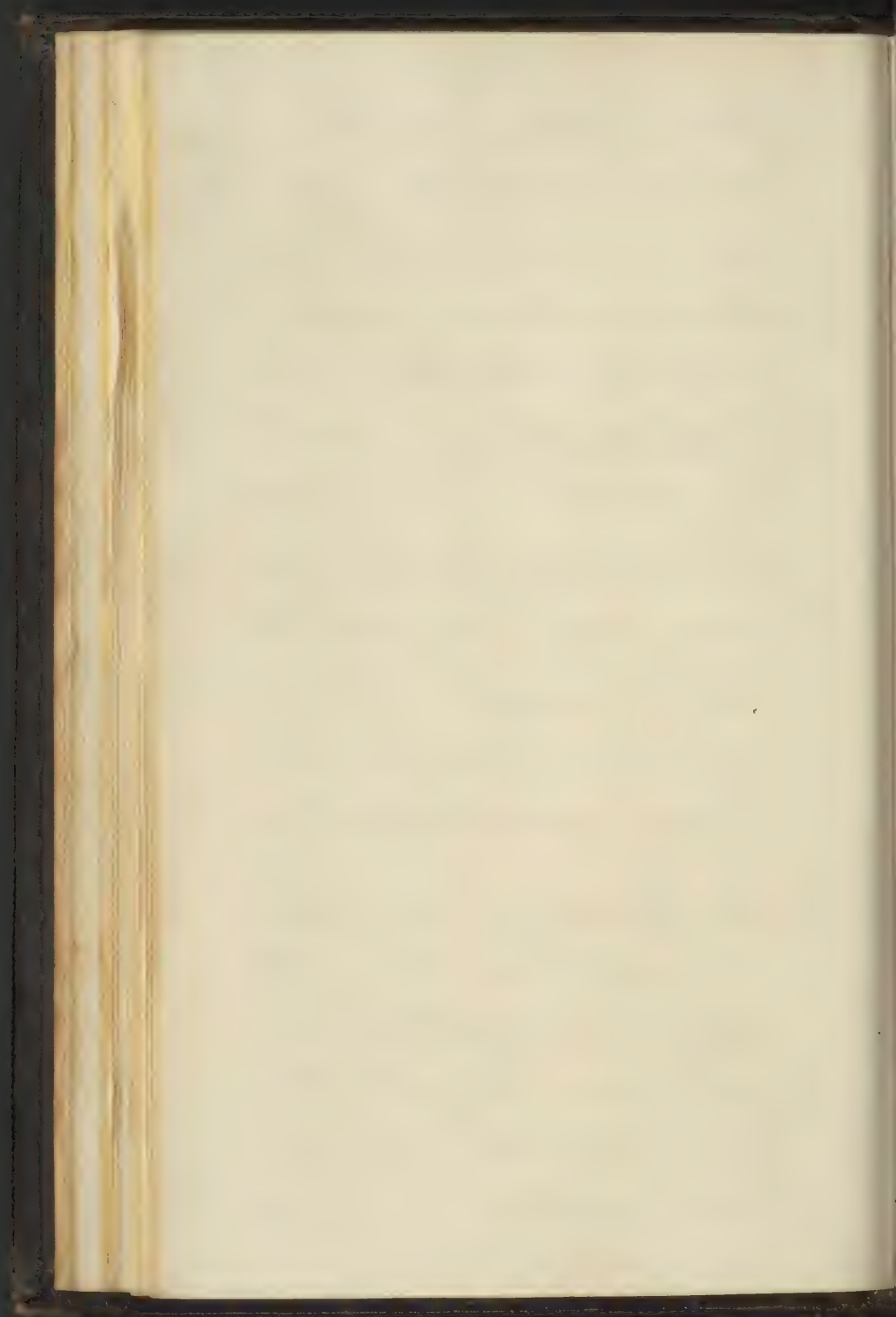


stems are cut down - which will
allow it to contract over this second
hemorrhage. - The vessel is put
up in the cut portion, and the cut
ends by this time in the following
manner - carefully covering the first
wound. - A small and small
ligature is then put on the top
the - must be paper the the skin and
cellular membrane - at the distance
of half an inch from the edge of the W.
and ligatures in the same manner the
opposite side - and cut off. - Thus
padding each in this manner at the
two top then proceed from the other.
Again of course must the be paper
the the legs of the Suture - and over
the between the rows after separating
them - and when the ligature is over.



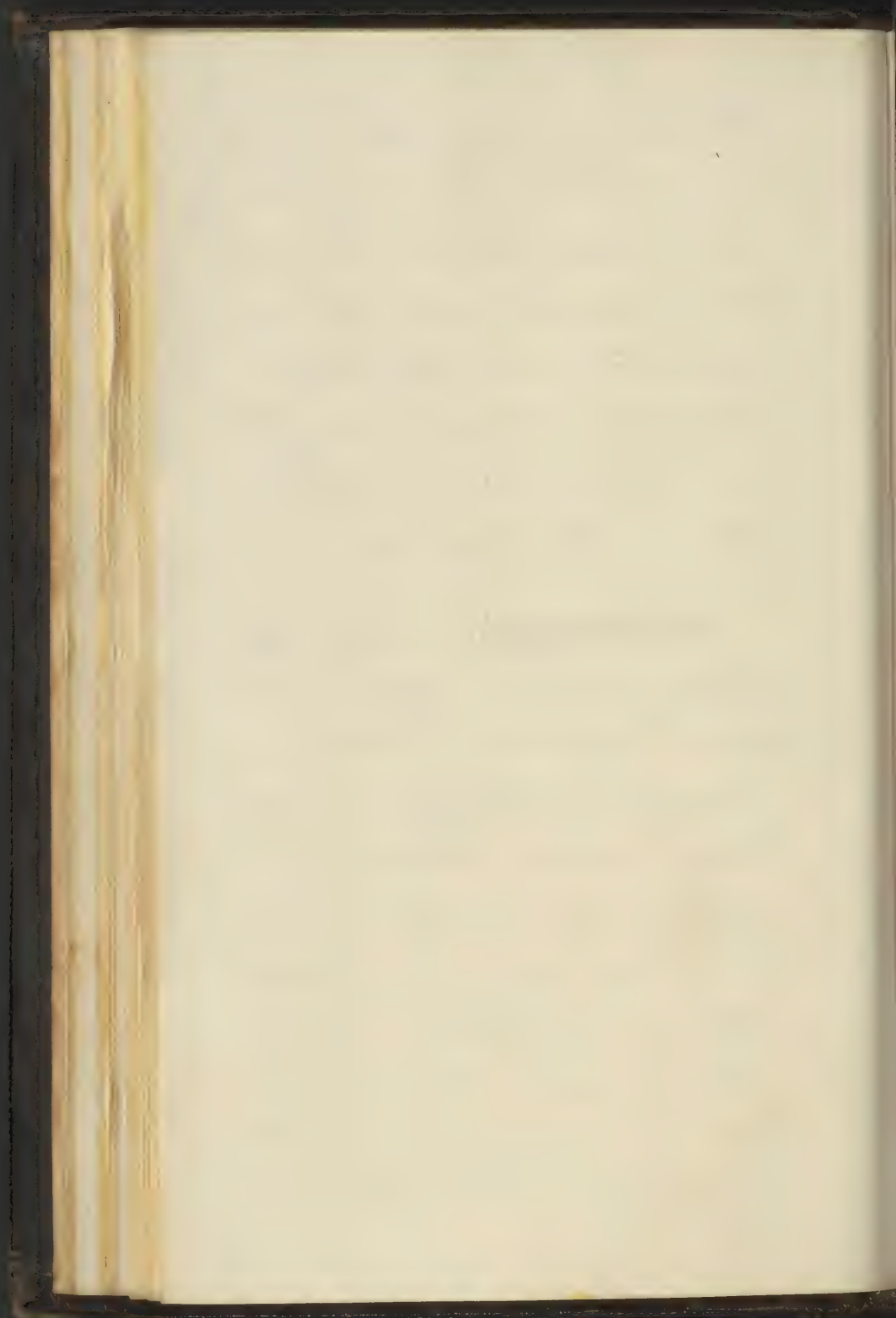
In the case of the slip knot, — for the purpose
of securing them, occasion
slip. — In this way, the slip knot,
the second or slip knot is completely
contact than could possibly be made by
the interrupted knot. — and it should
always be fastened in a manner, so that it
will be large enough to allow the needle
can only be slipped off, then the other
and all the maneuver. — but when it
is to be made, for the larger needle
has a proper as it makes the slip knot out.

The Glover's is a maneuver of the
type is next to be described. — This
made with a straight triangular
needle and a single ligature by pass-
ing at one end of the opening and
extending to the other. —



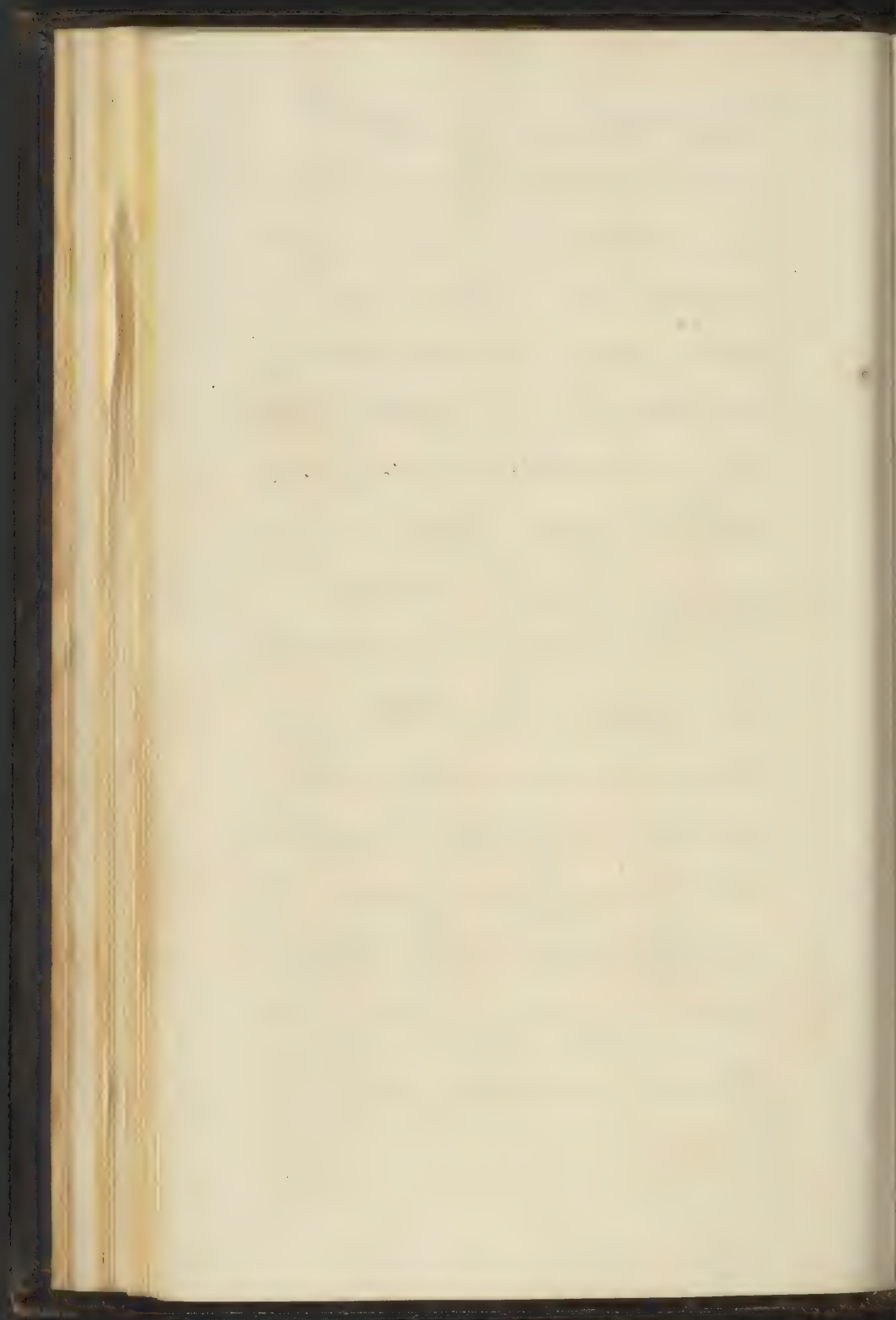
This suture is commonly used in
closing of bad holes - so it gives
great additional power from the in-
creased facility of frequently passing the wire
the force the current the water &c.
Besides from the ligature being
drawn the tips of the canines remain in
place as centers of symmetry.

Gastrography is that suture
which is employed for uniting large
external wounds of the intestines; - a
circumstance rarely happening of suf-
ficient magnitude to be discussed, -
is performed by having an Assistant
to take hold of one end of the intestines
of the Gut near by together - and then
passing straight needle and double li-
gature three or four inches to the other
near the edge - the bowels are thus



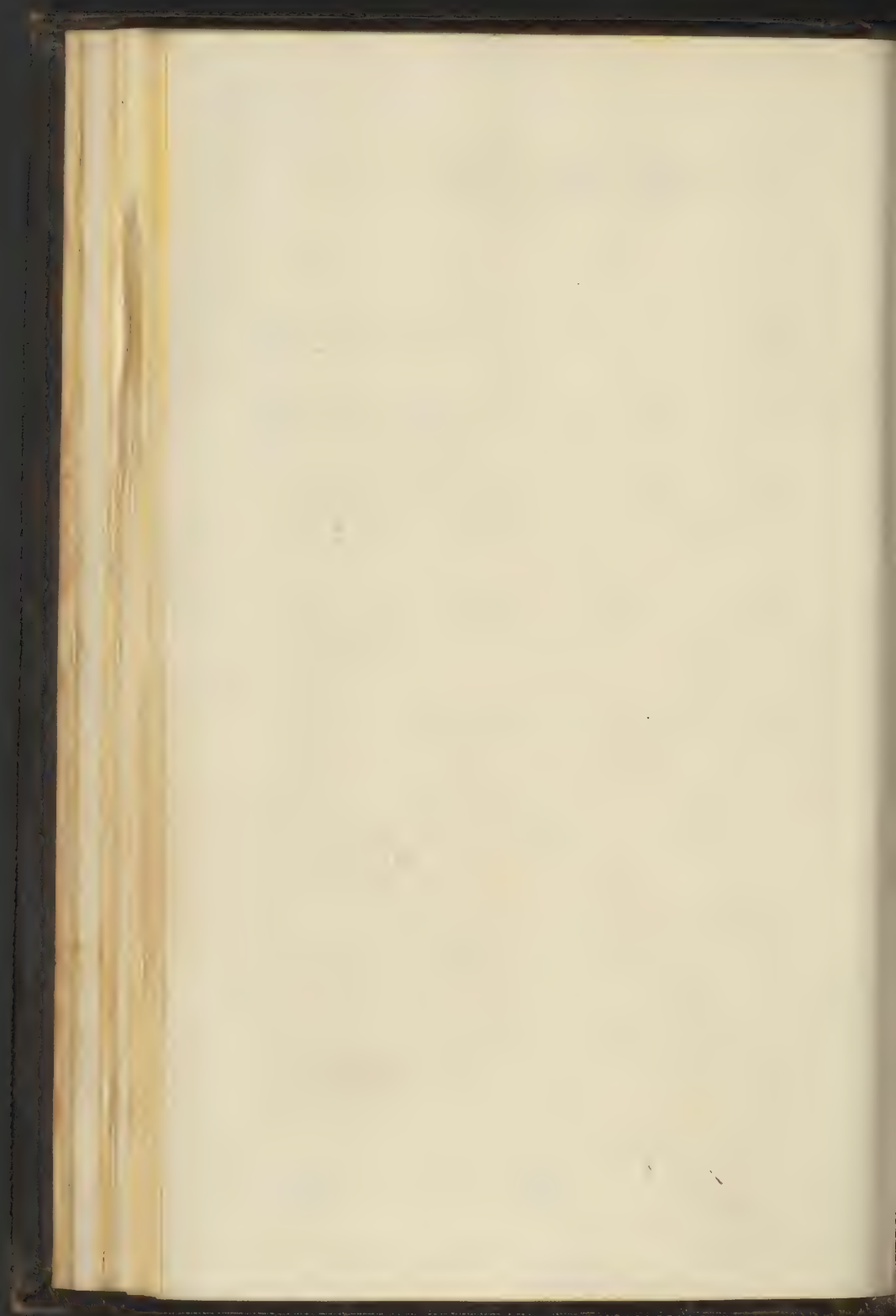
made to pass round the
corner and then at about half
an inch distance - when only
a few ft. stands to make out the
bottom - is just within the body
of the Alder - the end of the ligature
hanging out at the external opening,
which should then be closed and secured
permanently by this first incision.

This ligature may be withdrawn in
a few days from the external time - by
laying hold of one end of the
threads and the other end of the other
and gradually drawing down. They
may be brought out of the Alder
without any danger of tearing the
Intestine or doing any other injury.



Flare-Lip.

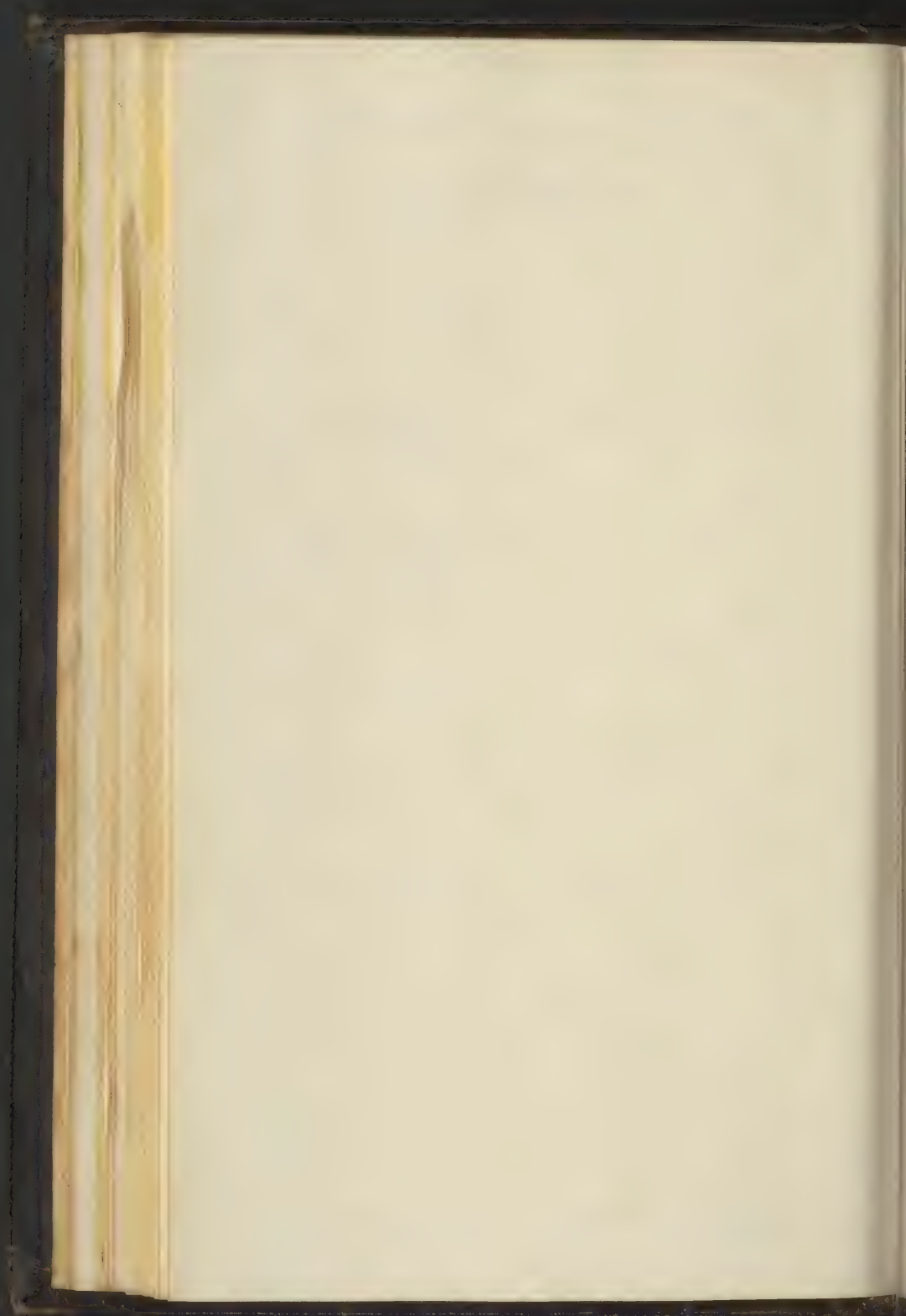
This is a deformity existing at birth and is caused by a fissure in the upper lip extending to the nose sometimes on each side and sometimes frequently accompanied by a fissure of the ^{upper} maxilla and its palatal process - or of the ^{lower} maxilla and its palatal process and there is an opening into the nose. - This is even sometimes the case without any external deformity. The only remedy consists in an operation for bringing the edges of the lip together and into their natural position. - If the bones are well



former is a division of the Epia-
palati - an artificial palati. &
Litter may be used - with success -

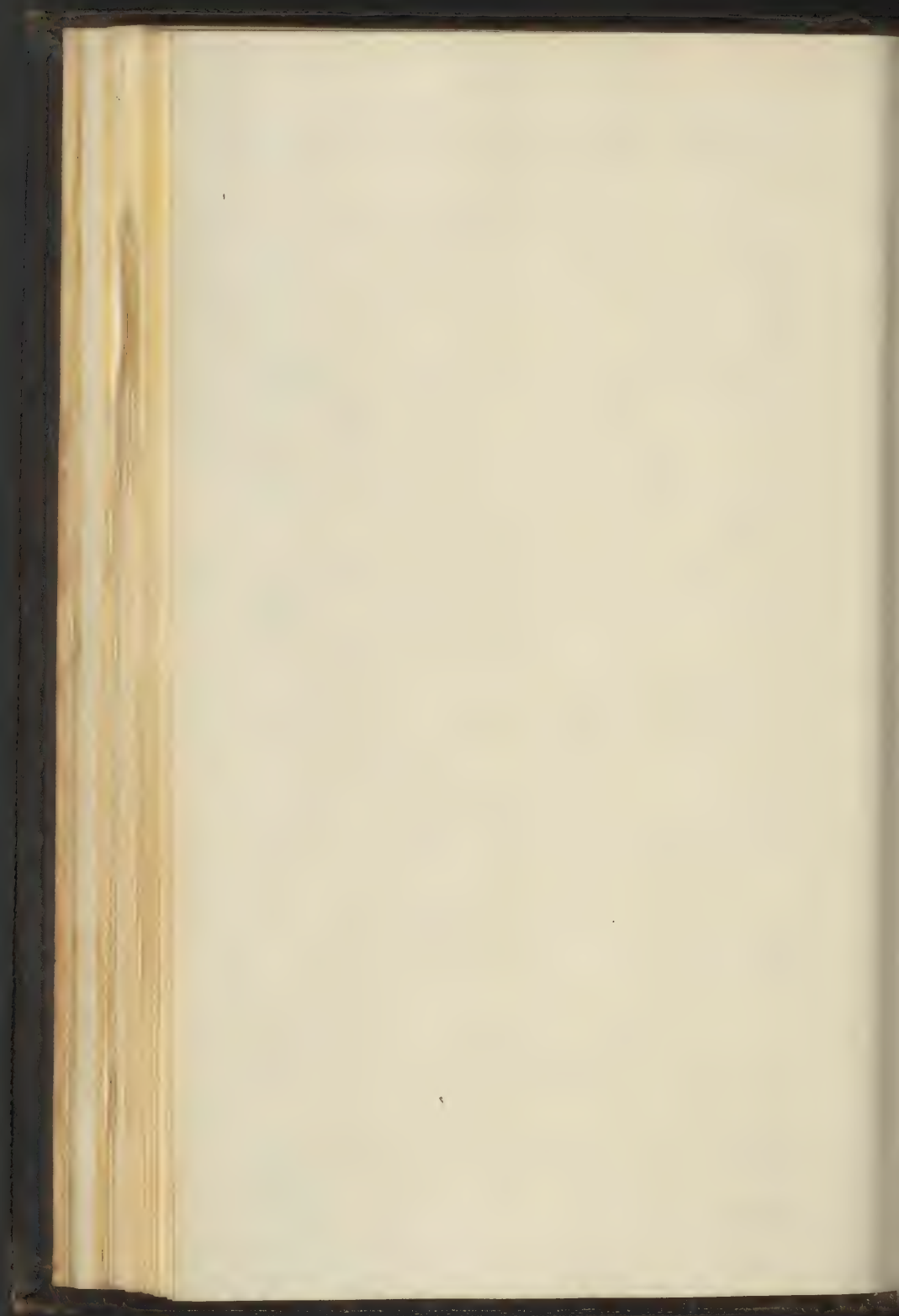
This operation never succeeds, as well
when performed on a very young Sub-
ject - as if delayed till ten or three
years of age - for various reasons.

The mistake must be taken from the
fact is never to get rid of the cause of
pain - inflammation, and even still have
removed - The small size of the
lip, and the necessity that will follow
of bringing the child up without the
breast - which for weeks may strong
can bear - are the small disadvantages.
yes - The proper time seems to be
as soon as the child is weaned - or at
the age of between two and three years
as the parts will be larger - But
if you wish to remove the deformity

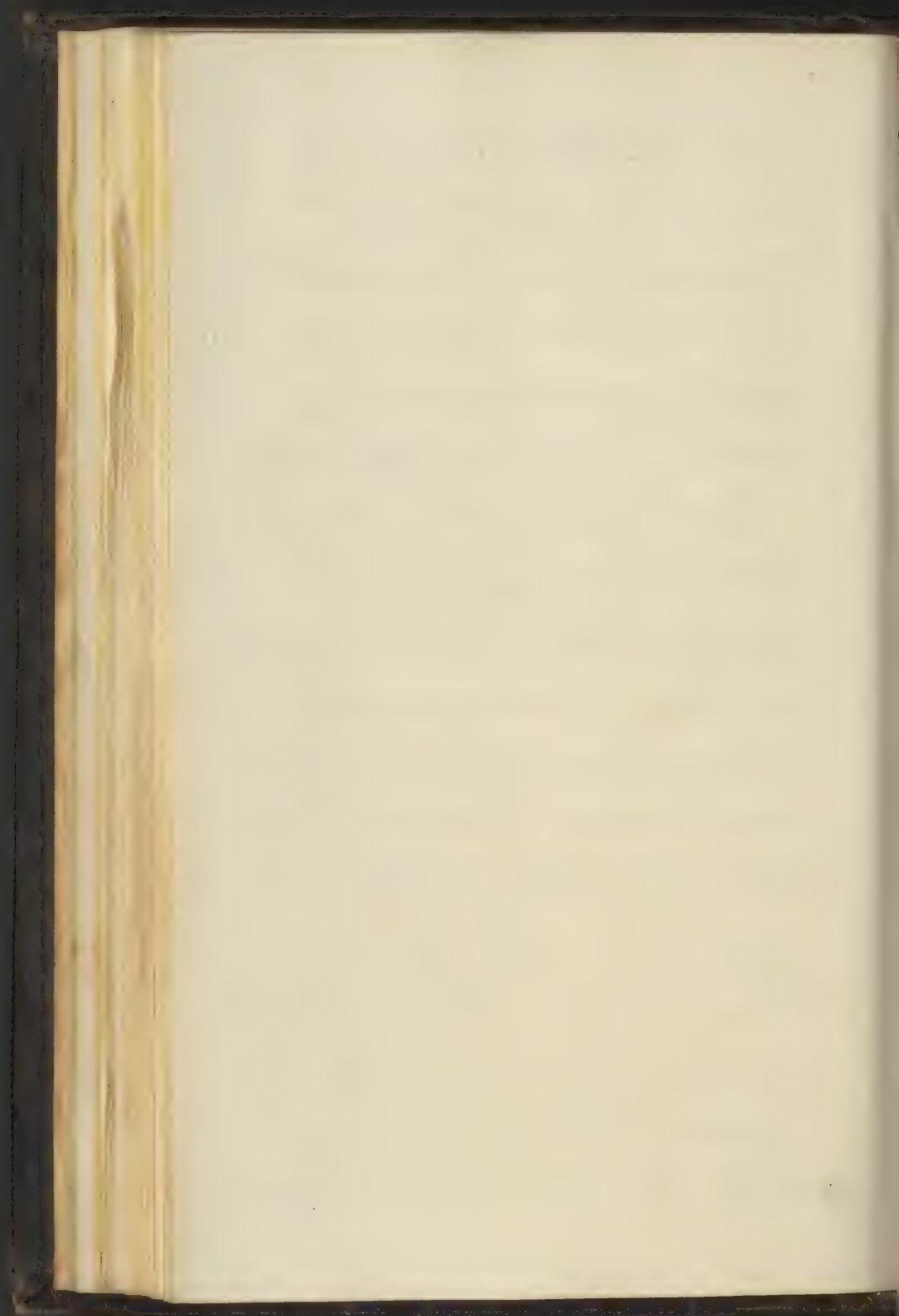


entirely, it should not be done before

Imposition for Diseases of the
Eyes, should first be separated
from the Gums. — Then a Piece of
must be introduced at a proper distance
from the eye to remove all the loose parts
between the nose on each side when
a little pressure between the fingers and
thumb will be necessary to prevent the
movement from the Lateral Artery. —
The pins in the adults and one in the
infant must now be placed ^{the first} just above
the lower edge of the lip. The second mid-
way between it and the upper part of
the Alveolus. — After the points are
securely set, — a ligature must be placed
round each in the form of a figure of 8
to keep them firm and the eyes perfectly
secured — attention will now be complete.



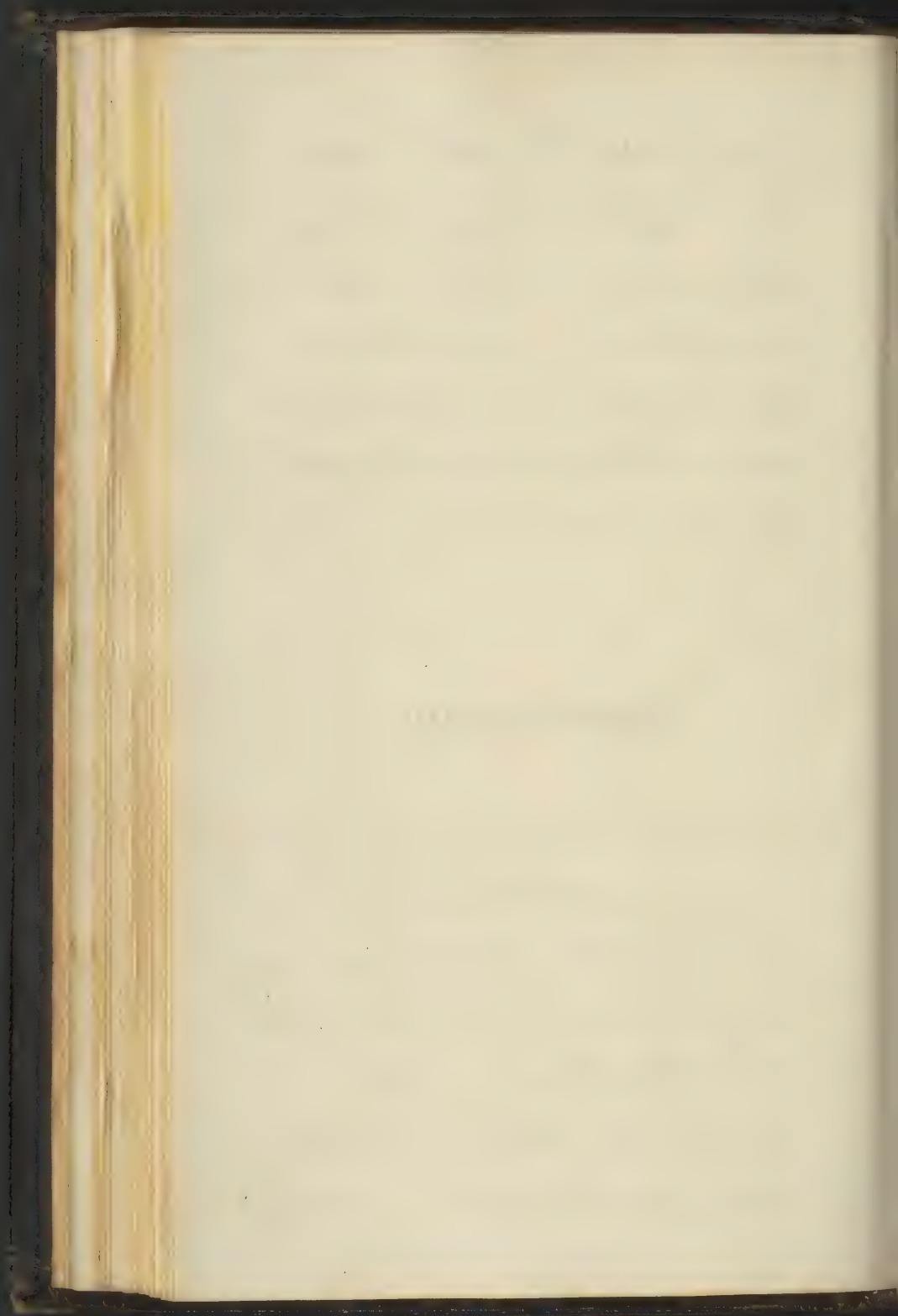
has been, after a little by per-
mission has been effected and the
pins withdrawn. The Action of the
muscles has been resting in a full
opening not that this was neces-
sary. — In this operation, M.C.
would always prefer the interrupted
suture which may be performed
satisfactorily without any post-
surgical between the suture edges. —
Pins are recommended on many ac-
counts — but as their removal is apt
to excite most violent irritation — they
may however generally be removed in
from six days — taking care to sup-
port the parts well. — No dressing
or covering should be employed in the
below and manner as apt to lodge



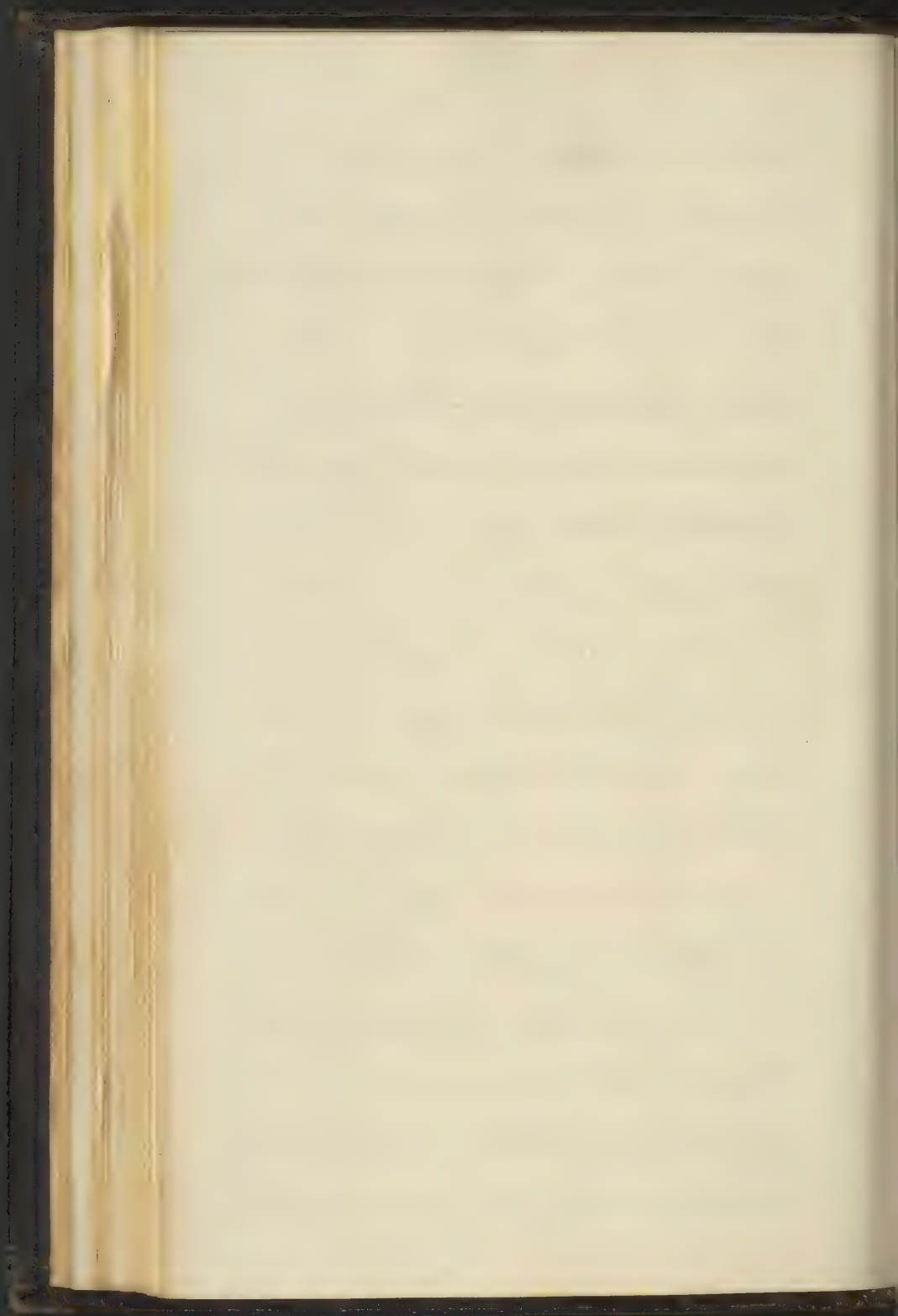
in the mouth. — The throat
is still open, and the tongue
is in the mouth, but the air is
not passing. — And if the
patient is not breathing, it
should be removed, and the
face should be moved.

Bronchotomy.

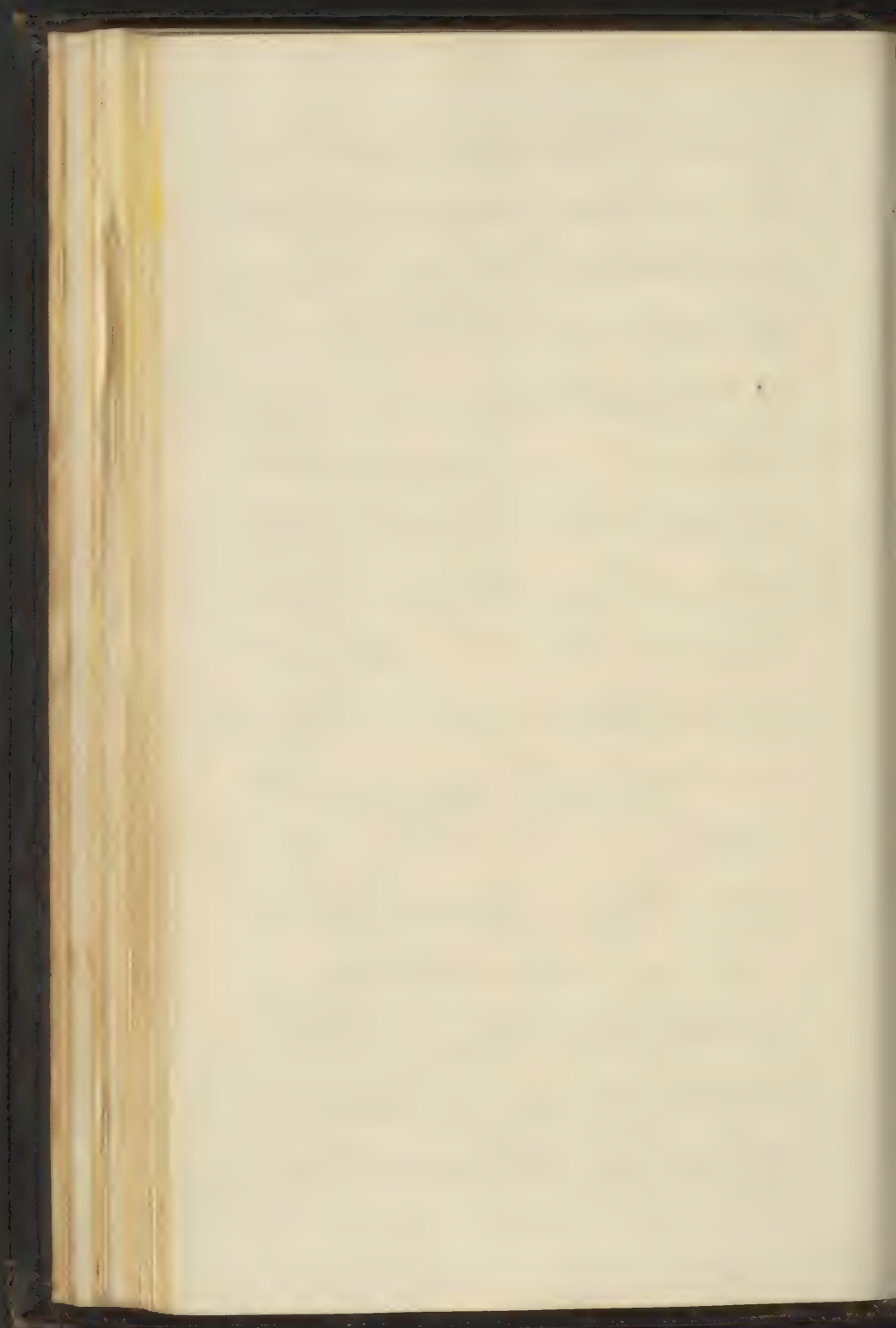
This is a operation for making
an opening into the trachea; and
removing the obstruction, and
allowing free air to enter the
lungs. — Internal ob-
structions, may be removed by anything
passing into the lungs. — removing



active motion, — and sometimes
weeping, by which violent effort,
if the extensive body become affected,
is followed by its expulsion. — If any
large inflammation of the mucous
membrane, or immediate suppuration
must be the consequence, from its
filling the air tube. — In such
cases, the body may be extracted
except the Seminal Vessels, which
remain at the base of the bladder,
and are situated in the length thereof.
but in consequence of inflammation
in the bladder, death will follow from
the violent irritation by deep thrust,
the whole of the membrane in the
pelvicity is, that when death has fol-
lowed immediately to the accident the

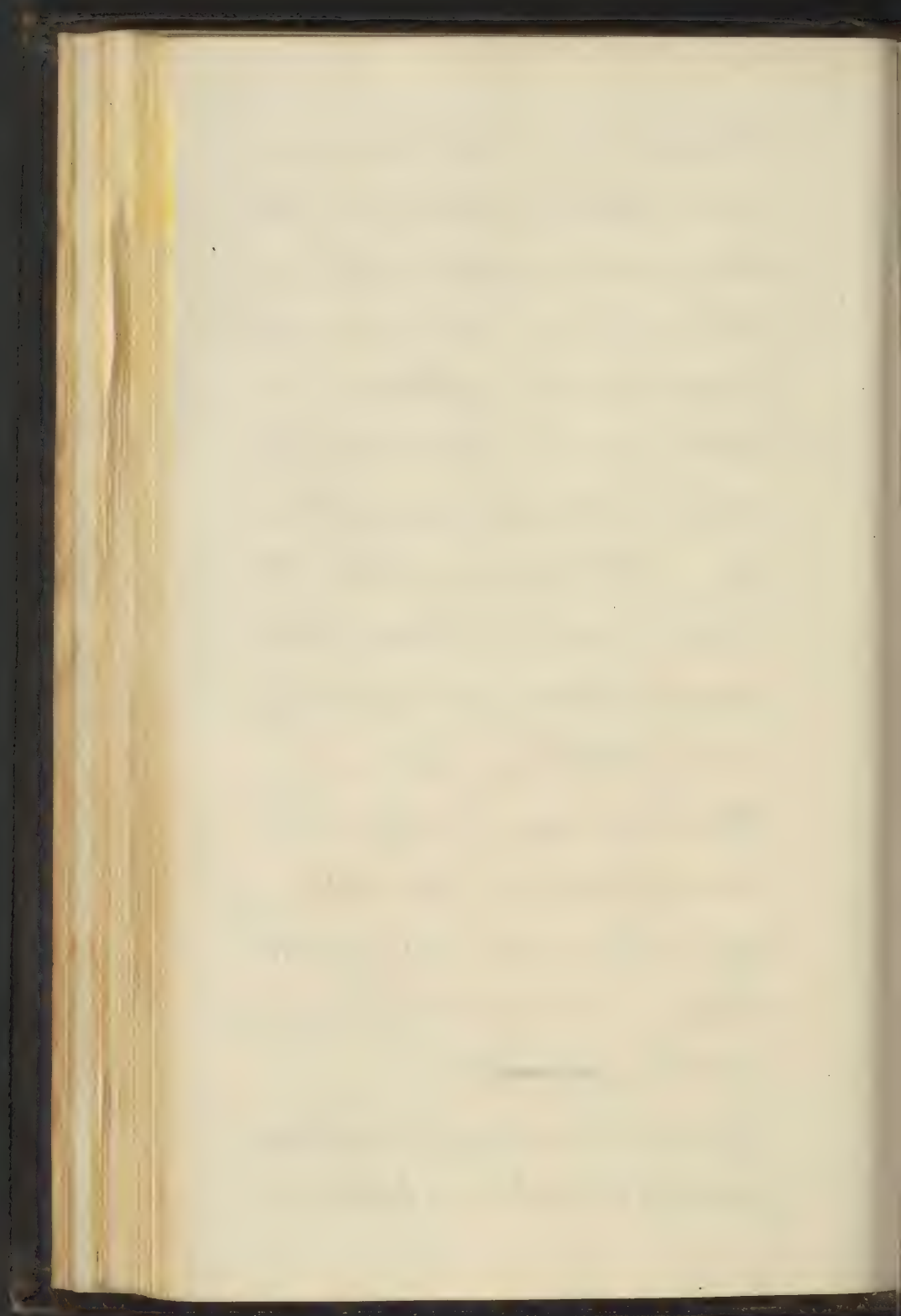


Lungs at the time were completely empty
and that in consequence to explain
the position has been shown for some
months perfectly full the tubes are free
from the reception of air. — In
inflammation and suppuration the
inward distention of the membrane
was completely to obliterate the canal.
Corp is an illustration of this when
also an effusion of coagulable lymph
will occupy all the upper part of the
bronchus. — In a diseased state
of the cartilage calcification has pro-
ceeded so far as to make an opening
into the *Arteria Laryngis*. The con-
sequence of which is a thickening of
the membrane both above and below,

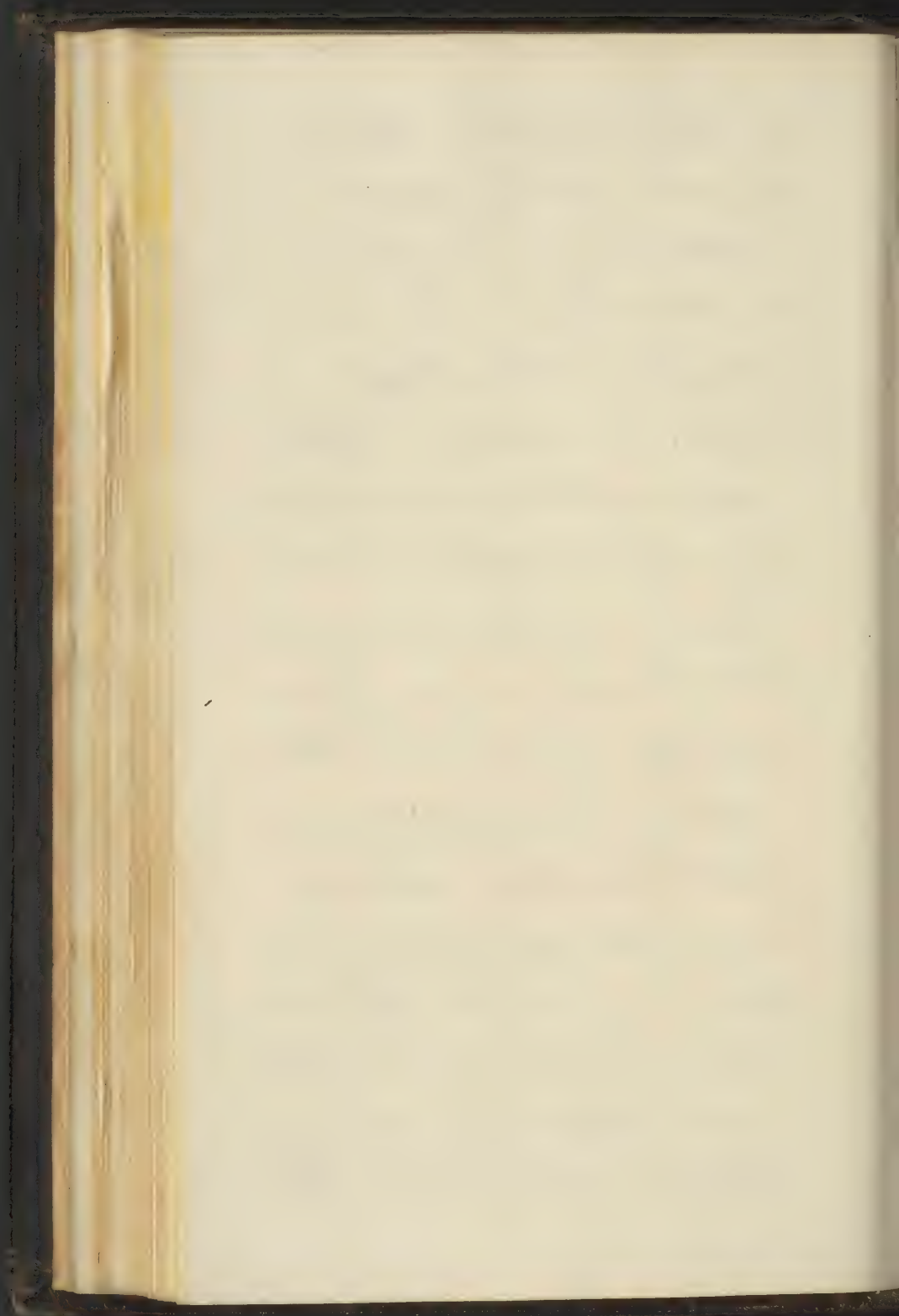


the Plethoric. — This disease, as in Venereal, producing weight, loss of appetite and flesh, night sweats, &c., symptoms not infrequently mistaken for them of Plethoric — are treated as such — but are only to be removed by the exhibition of Mercurials. — Note distinction from Plethoric by a patient who has been taken down of Venereal — accompanied by a kind of chills or rigors. —

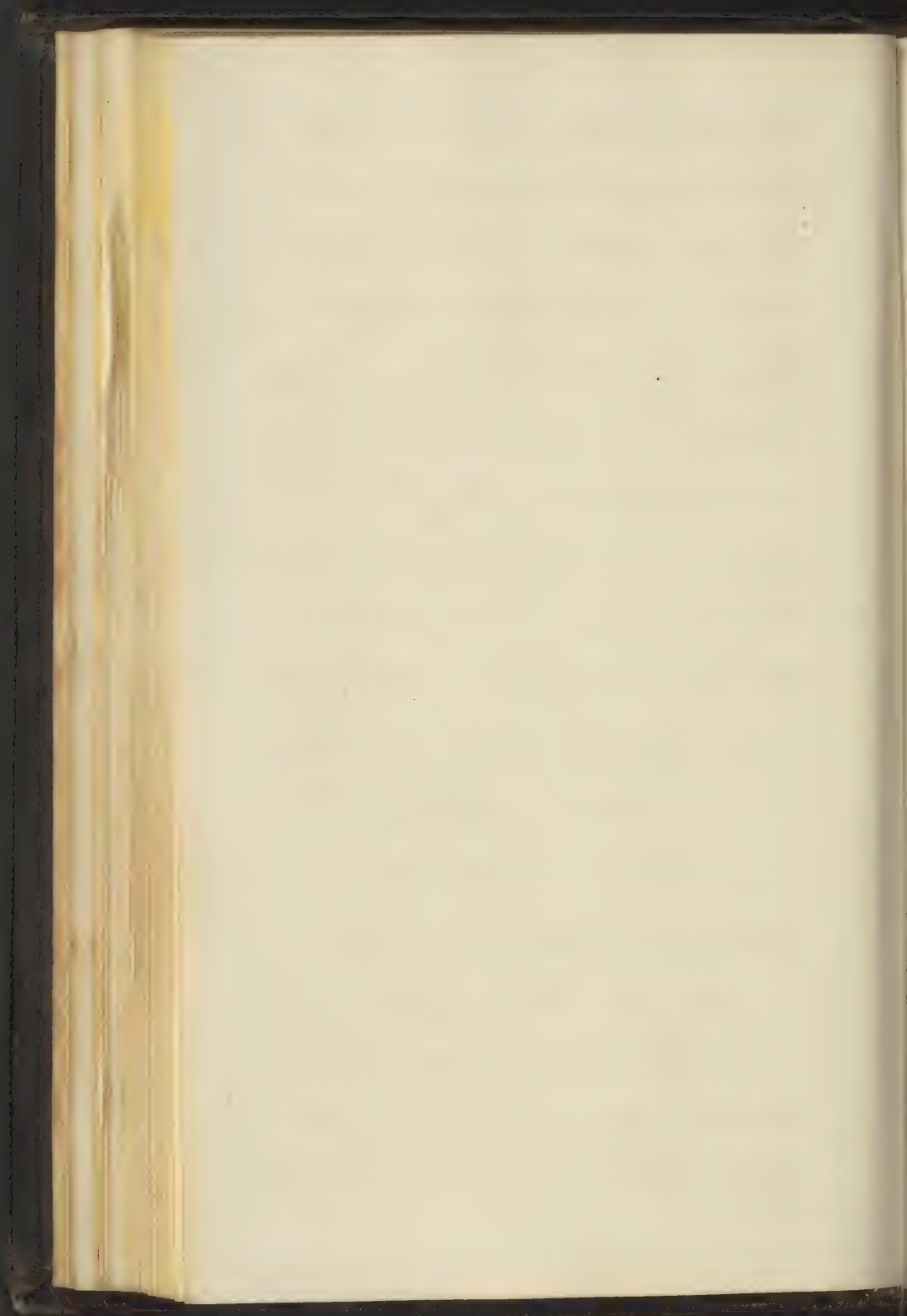
Obstructions may sometimes be formed by tumors in the external part, or in the membranous part of the trachea — and at last increasing so as to cause suffocation — In such of these cases it may become necessary to make an Aperture in



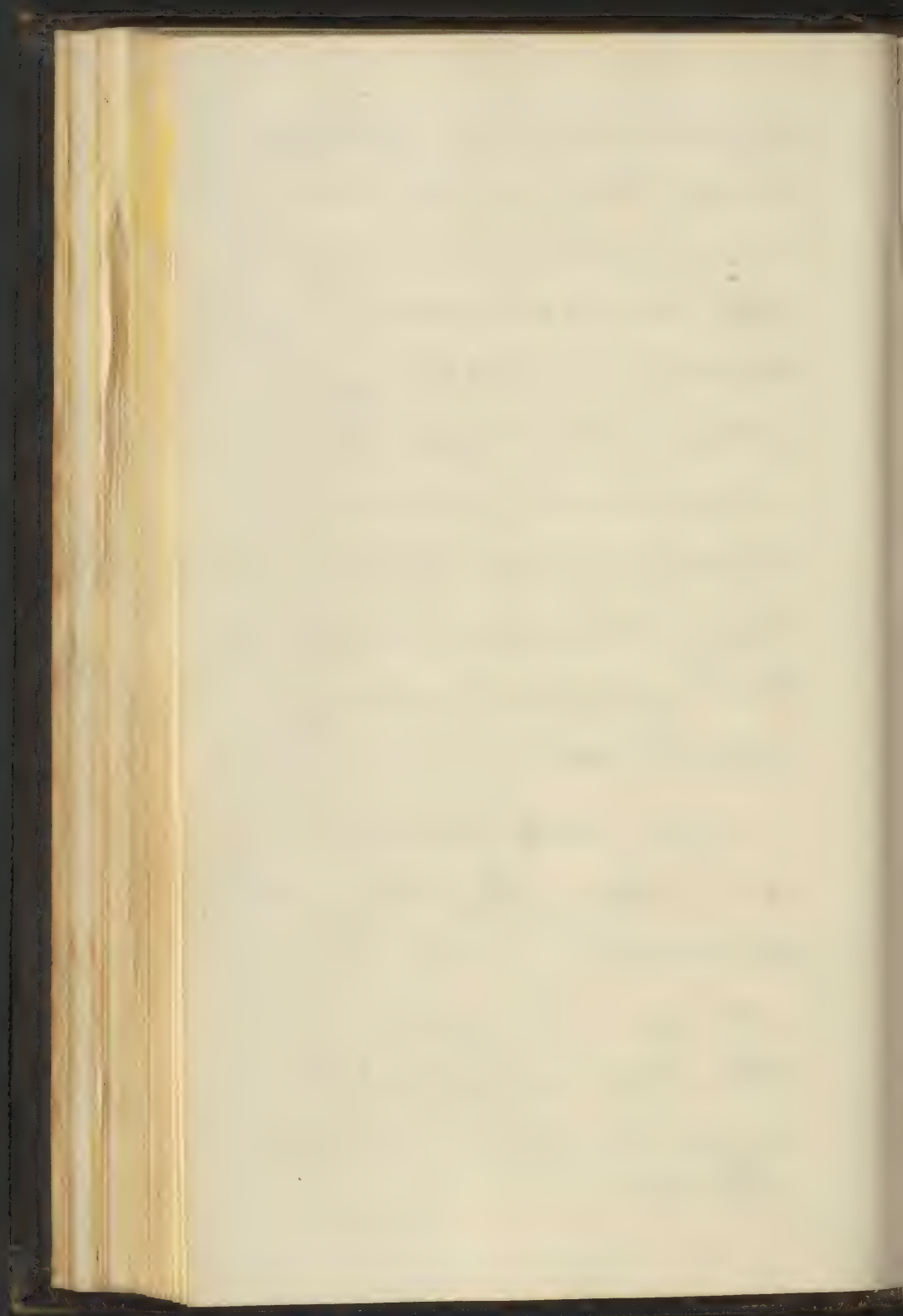
the work is just before the close
of the year - and the present
state of the - is such that the
department is - In some
places the work is not
finished - and at least some more
is sufficient time to make an effort
for getting rid of the matter.
When from any of these causes the
first is in danger of being
neglected - you must give him the
only chance by immediately present-
ing to the committee - what is pre-
ferred in the following manner -
It is - and by the - the work
by the - and the
committee is - and
the committee must have the



It is between two of the costals, is the
best place - is between the 11th & 12th
Ribs - rather 2/3 of the way from
the lower edge of the former to the
the opening of the stern - when suffi-
ciently large the patient will know -
instantly inspired that it - the
making the first incision a row
ber of small vessels will be seen - the
divided - and that one must be pre-
vented from coming externally by keep-
ing the patient in a sitting posture
and a little inclined forward -
That care must be taken to avoid
wounding the Myoid gland - as
well as the Mammary gland it might
be dangerous - - Any matter
in the 1st place should be freely lay

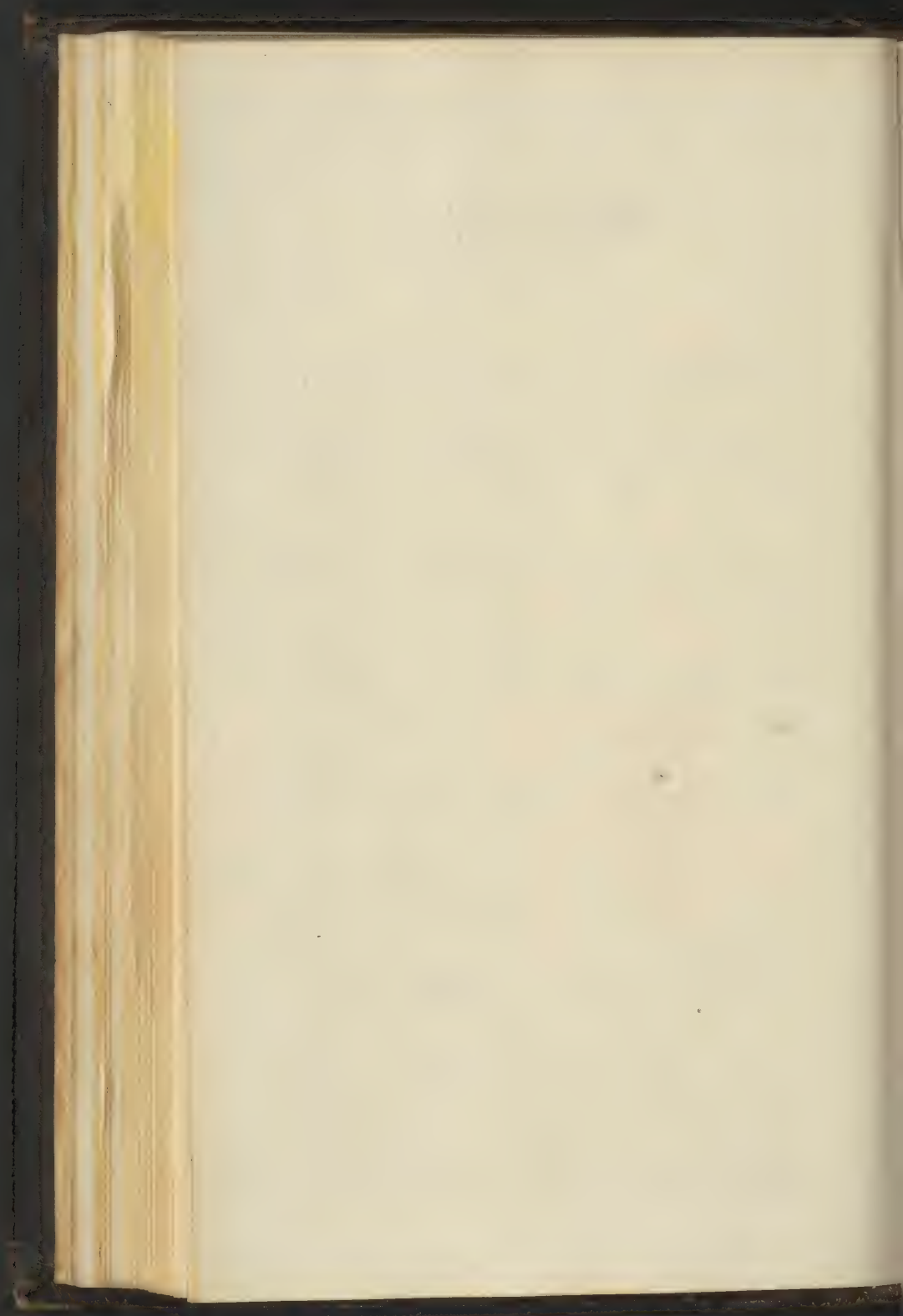


holding it over the by opening of fingers
and pop a ligature round it. And in
some cases, perhaps you are per-
fectly satisfied when it will go
when the opening is taken away. Now
in lay your finger upon the wound
cut edge and then proceed as above.
In fact, why else it will sometimes be
necessary to introduce a Silver Stick
but this if possible should always be
disfavored with as most violent
irritation will be the consequence
of any extraneous body touching the
fractured surface. Instead thereof,
cutting a piece from the lower edge
of the cut edge and keeping it under
your eye with one pressure and over
the finger.

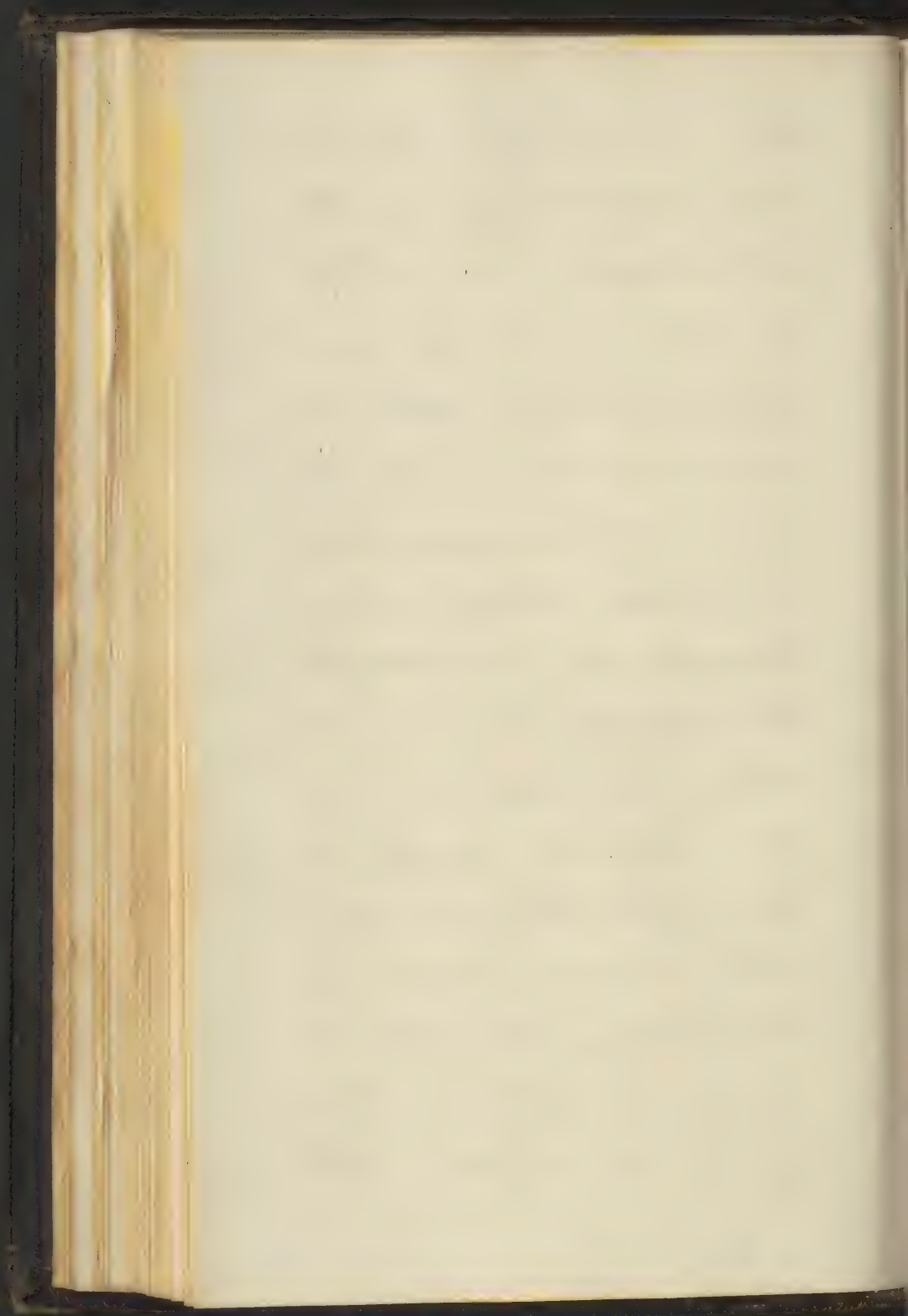


Wynneck.

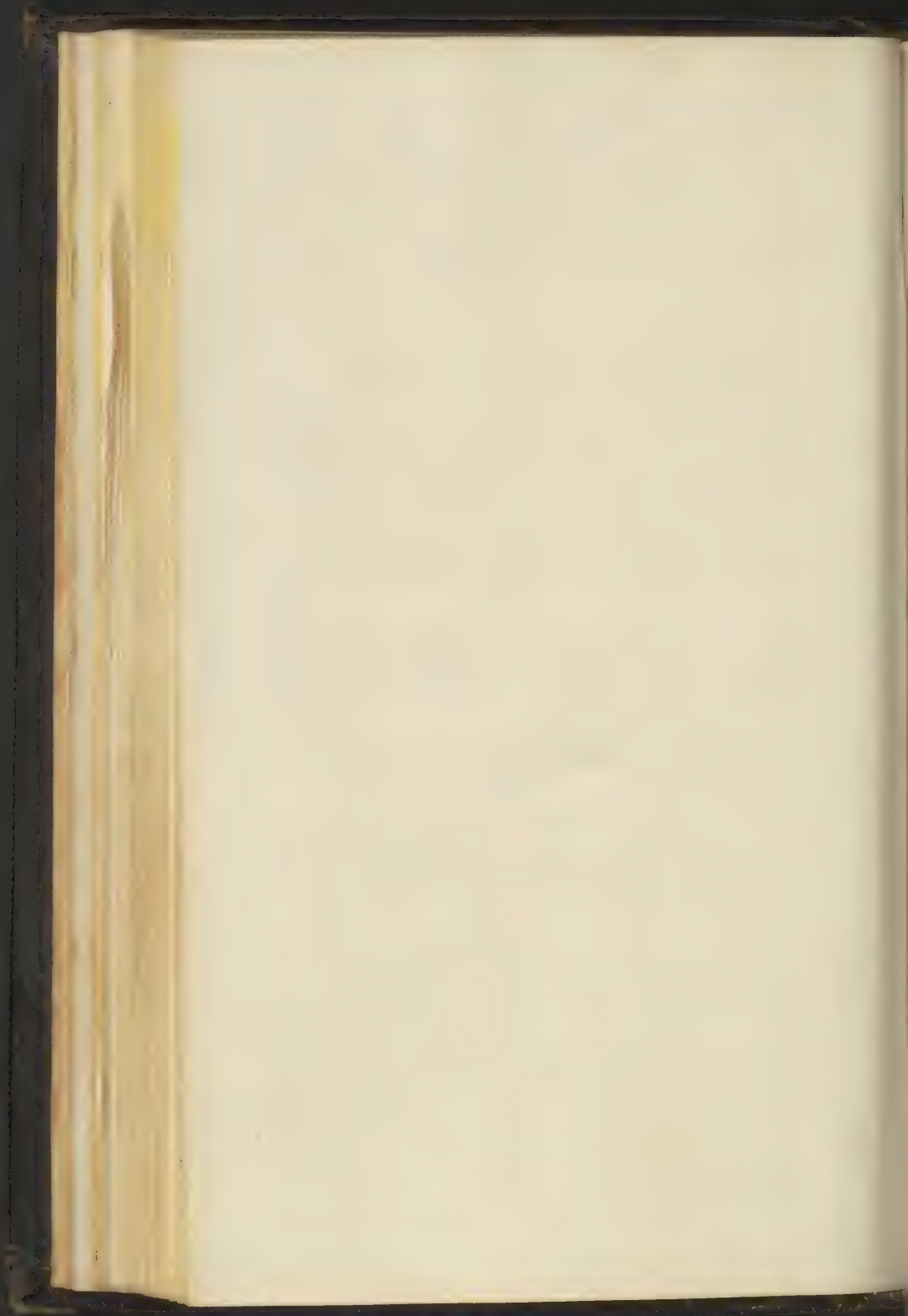
This animal consists in a rigid
state of the Storm Blot. Hysteri-
cal muscles - when flexed will
not elongate - but they are bent back
it is then becoming also contracted
the Hysterical flexor is drawn towards
the Stormum - and as the muscles
is at all times rigid like a trade
new cord - there is a total encap-
sulation of the heart returning
it to one side - When it has
rested long can separate & ablate
separated & is young and growing
the heart will have a white spot



form - consequently the operation
is insufficient to afford relief there
not to attempt it. - The pa-
tient to be in a supine position with
the legs slightly flexed - and a large
incision made in the skin
between the scapulae and of flaty.
and elliptical - directly over and in
the direction of the fibres of the Spine
Cervical Muscles - which - as they
is here - where a further should be
made underneath - carefully to se-
parate it from the surrounding
parts - afterwards a circular - super-
ficial - incision may be made around the
incision of its substance with care
either with a Scalpel - or the

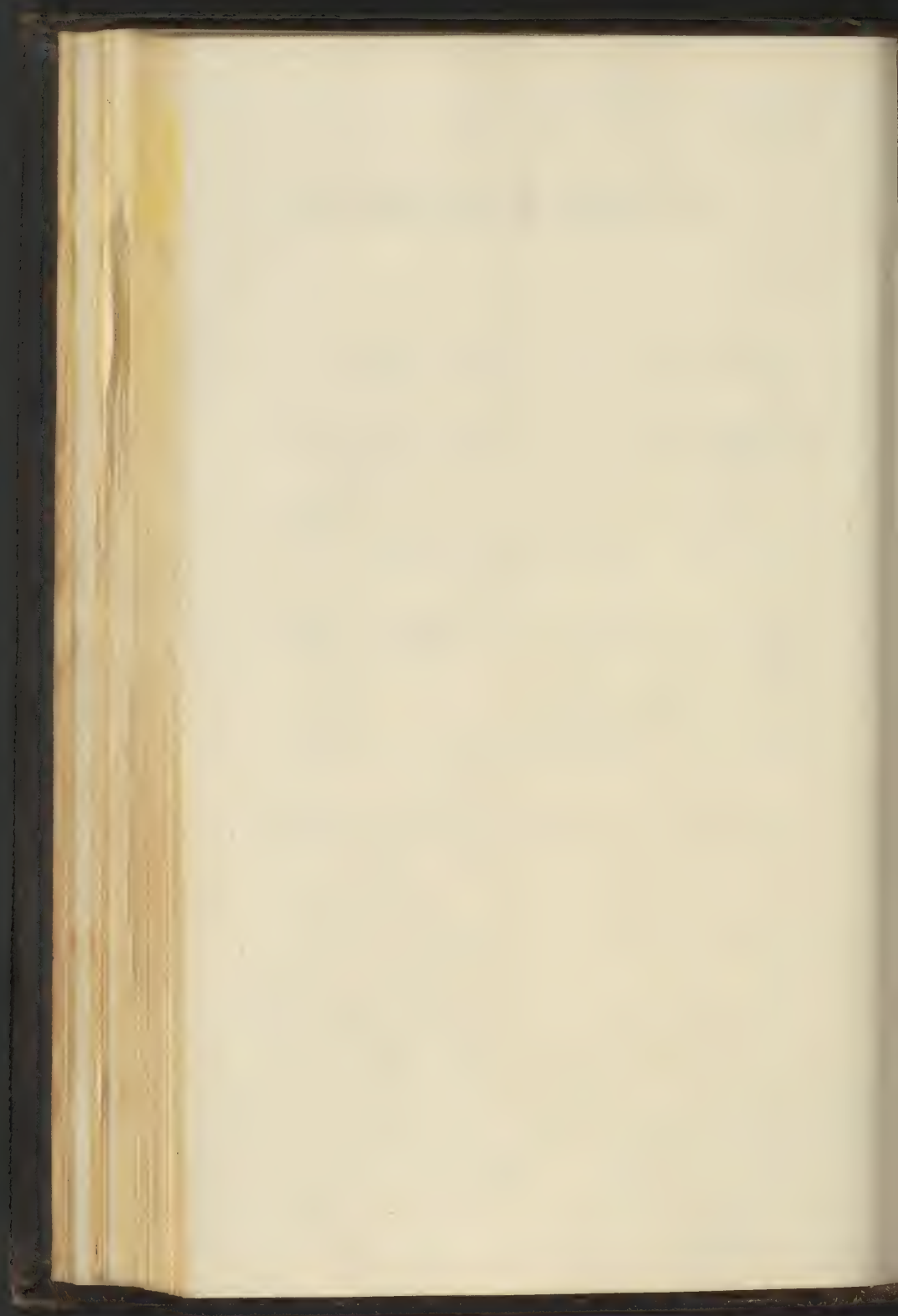


Springing — as the present
sage — instructing us to the
purpose — The proposed
to make the division as near the
middle as possible — and then to
divide the quarters of an inch from
the central — the greatest distance
from any corner to the center.
As now as it is properly divided the
center is at the center — and the line is
horizontal on the opposite side —
The construction of the line is
any of the three lines —
The operation may be performed
with the compass. — For
from the operation would simply
a parallel line — and the
of these circles. —

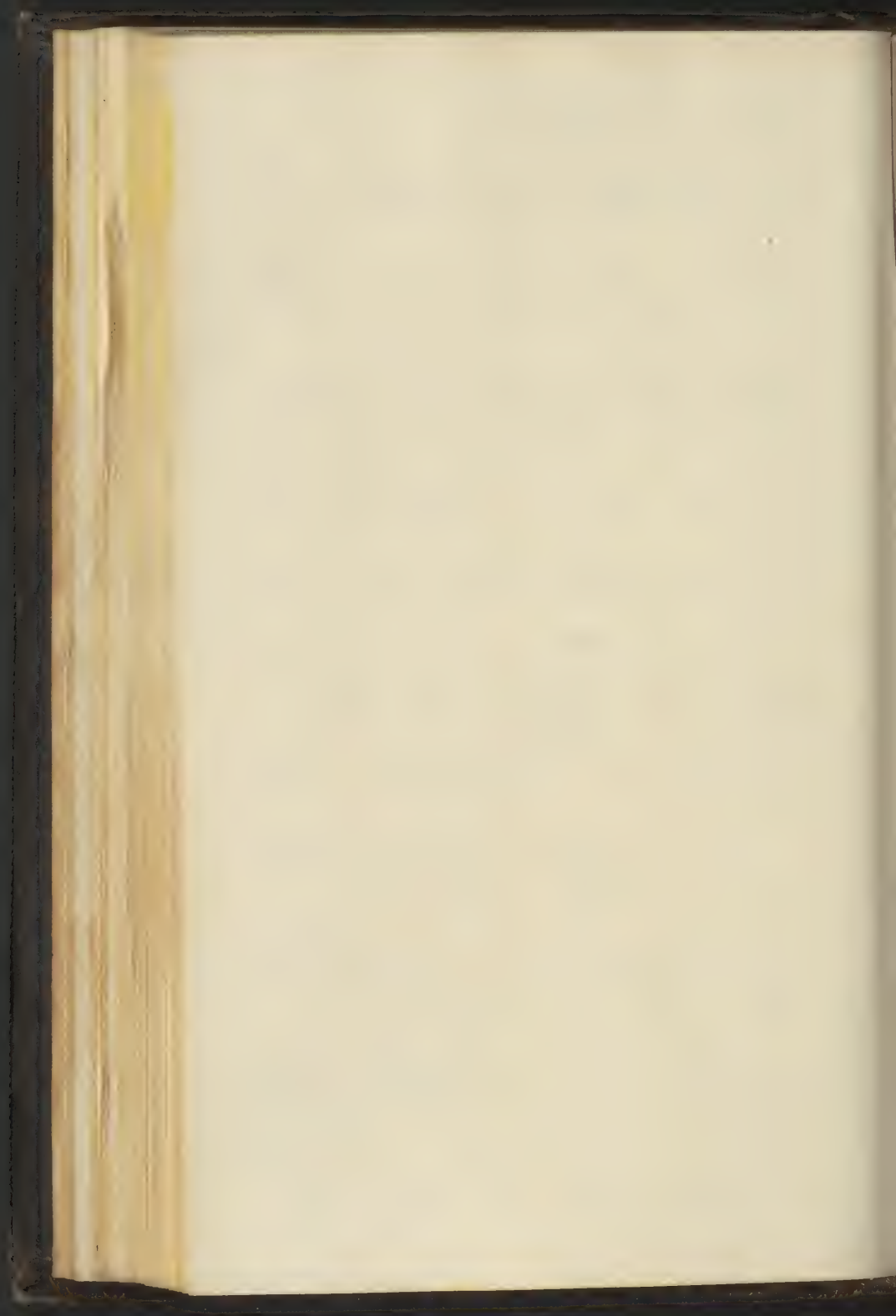


Fistula Lacrymatis.

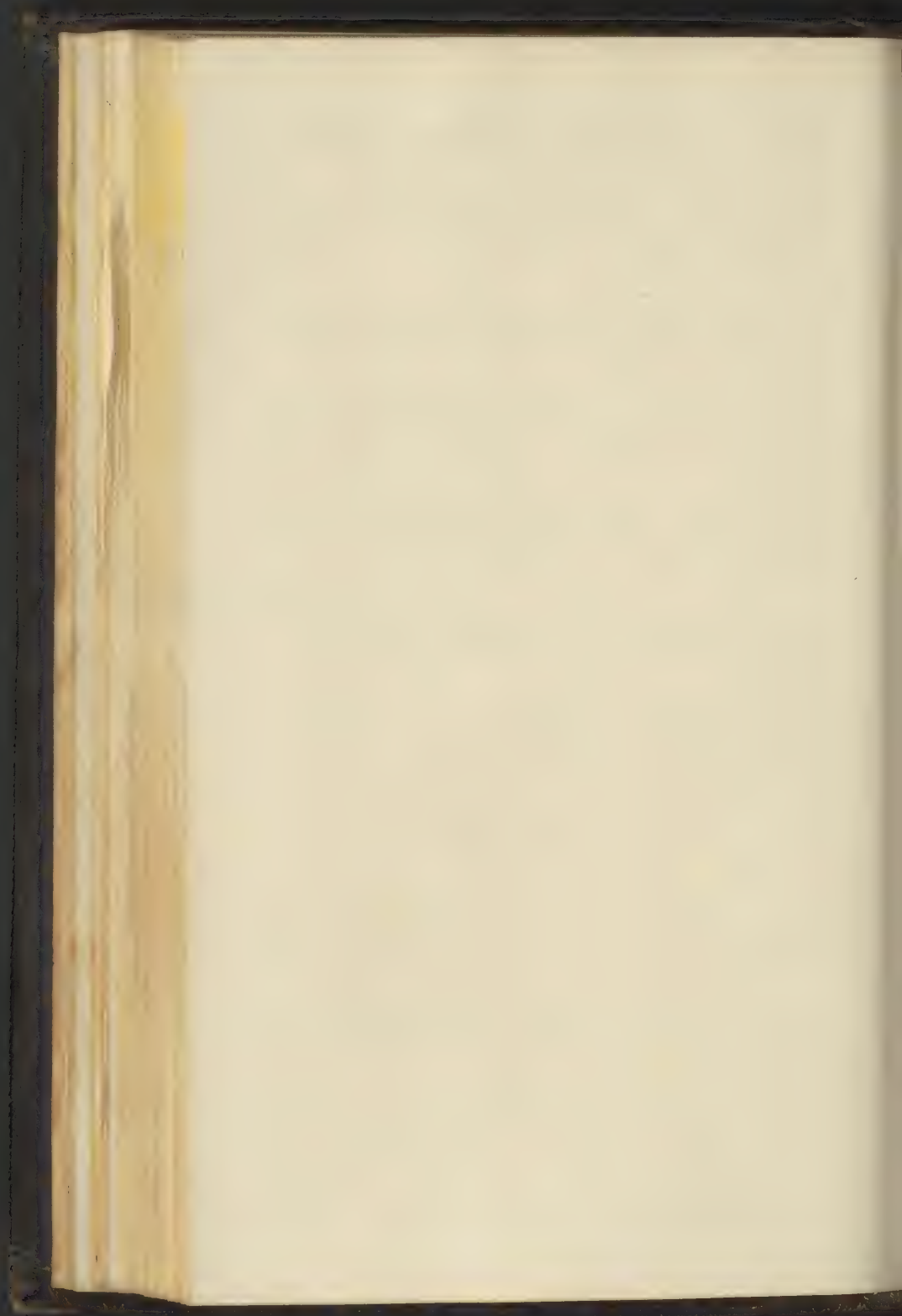
The disease is derived from a
fistulous opening being made in
the integuments covering the Lacry-
mal Sac - that is, the tear is -
expelled from the thick cuticle
of the ductus caruncularis - The
first indication of this disease is a
swelling of the eye caused by distention of
the membrane of the eye - and a flow of
the fluid from an unnecessary
secretion in the corner of the eye be-
hind which you pass upon the bag
from the lower lid - which indicates
the disease is in the sac. -



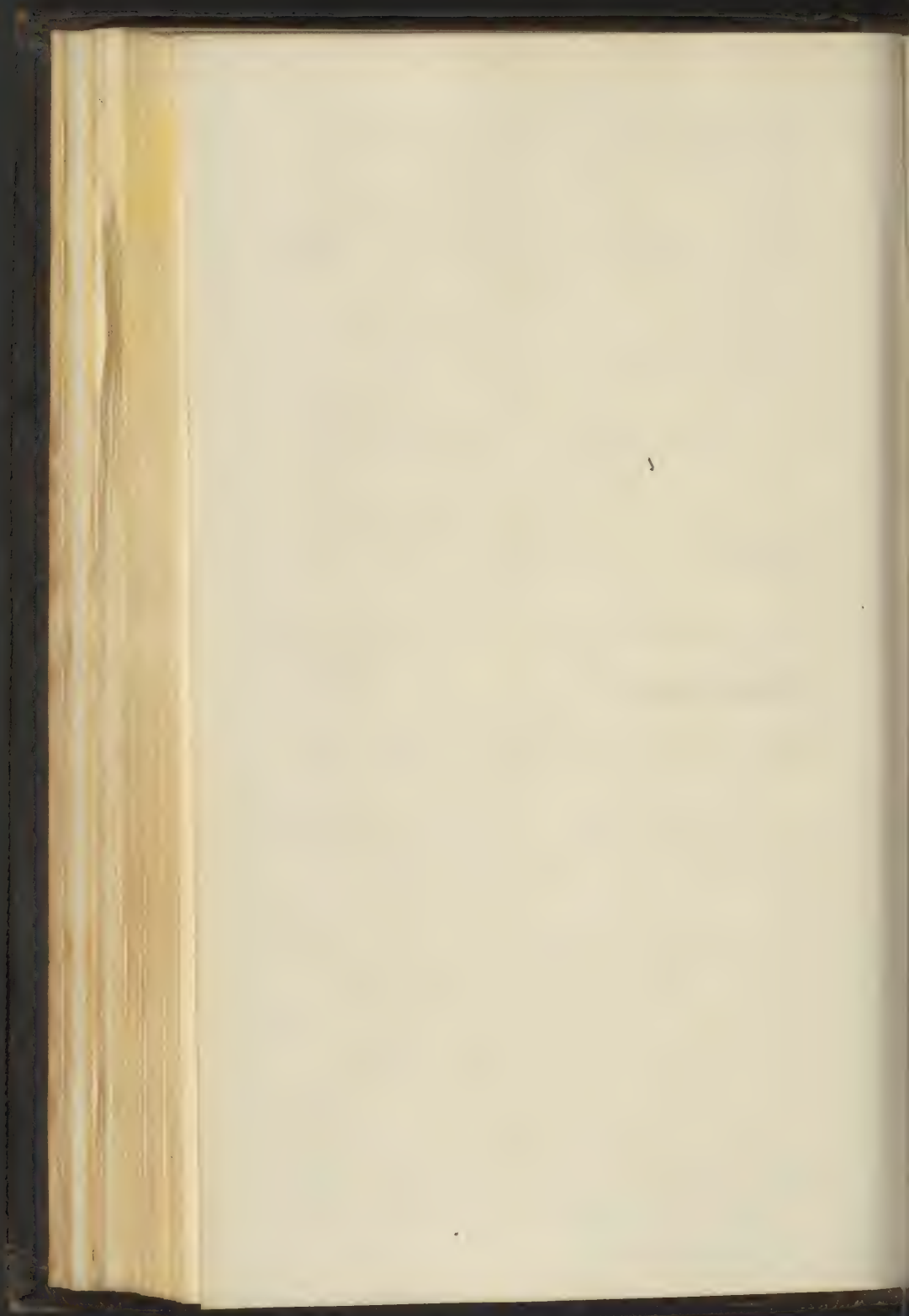
anatomical dissections - inflammation
the membrane becomes white, red, and
ulcerated - and the disease continues
longer, and the disease the spreading the
disease, and the disease in some cases
ulcerated - And this disease is found in
family, which will still continue, and
the inflammation has produced much
a thickening of the membranes, and
of the duct, and completely obliterated
its canal. - Inflammation of the
whole membrane is subject to the inflammation
of the membranes, parts are very
close to this disease - Sometimes
follows the disease of the membrane, and
a very large number of the disease, and
very often the termination of the disease
the disease of course by the disease in



There is no guide in the course of this
course. — When only from casual
inflammation occurred or must be
directed solely to its removal — that
complicated or essential treatment
has raised the thickened membrane
by operation. Had taken place.
But if this do not succeed an operation
must be made into the Sac in
the following manner — allowing it
freely to distend itself several
hours — when stretching the eyelids
with the fingers with the finger make
several incisions into it with the point
of a lancet in the direction of the fibres
of the orbicularis palpebrarum — and
then endeavor to push a probe
between the eyelids to separate the
ligament.



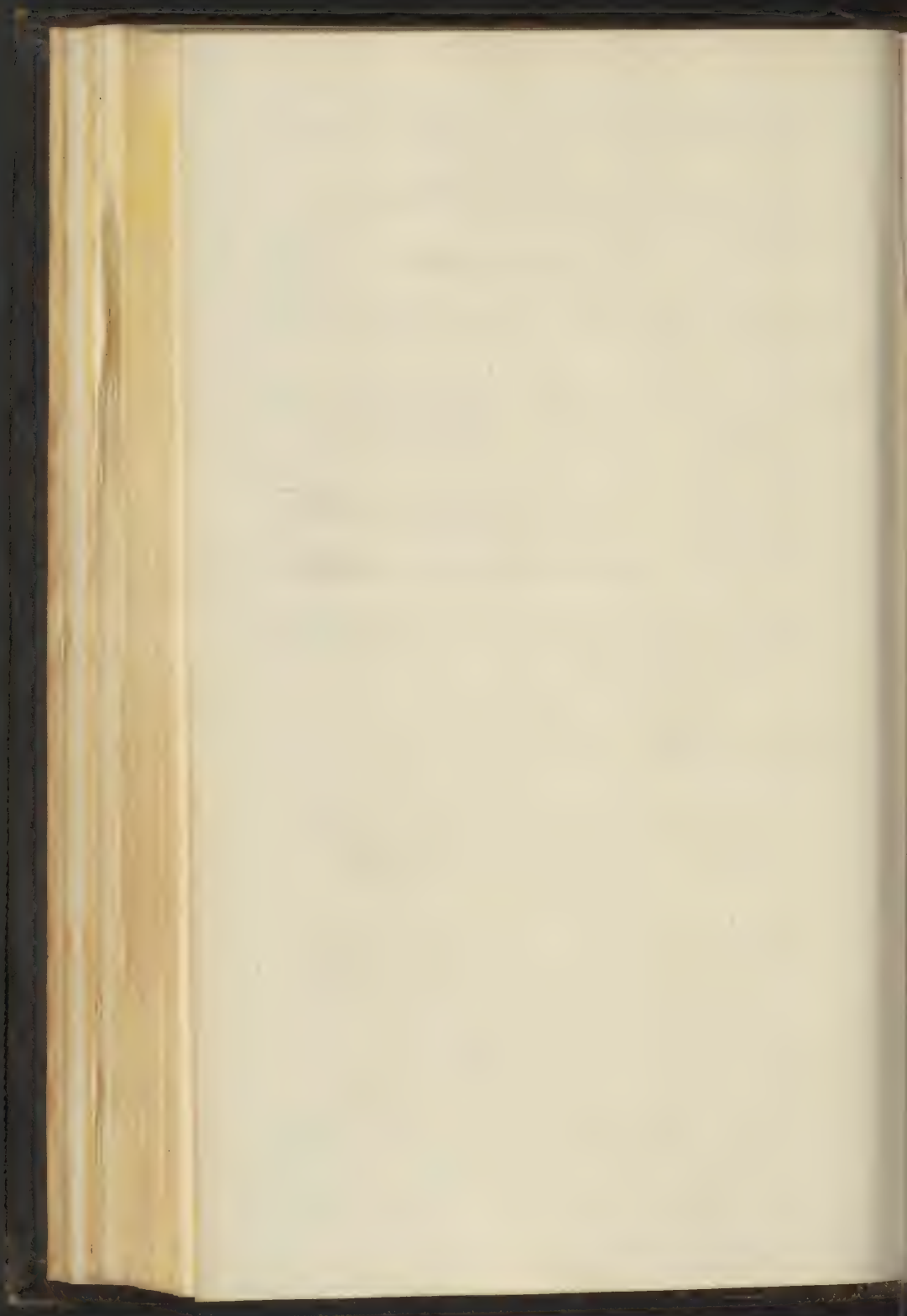
It must not be known - but not be
secret - when there it may be
known by blowing from the
west - - Mr. Wm.'s father
with a better note is than the most
excellent thing to use to be the
opening is perfectly pure and water is -
tallish - as it may from time to time
be with some change and return -
Sometimes the degree of inflammation
has been so violent as to cause
union to take place between the folds
of the Sac - the obstruction has
been so great as to cause the inter-
section of any thing altogether im-
practicable - - There a pro-
longed as any of his former work-
ing - but must be made just



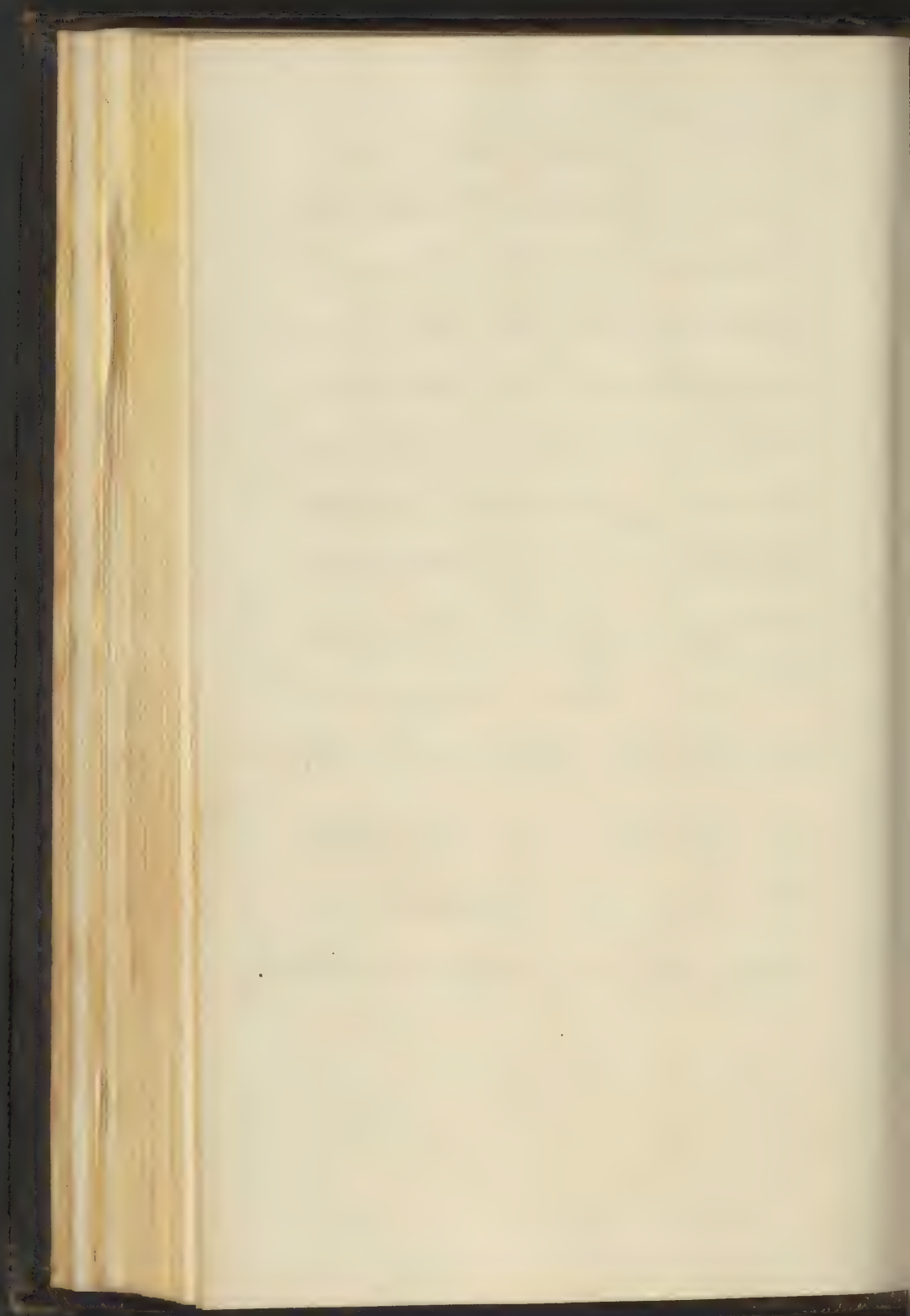
Behind the large, great Lac. - with
an instrument like a Trencher - the
case is great - very shallow - but
not so deep as to hold it in -
small fistulous opening as a piece
of Trencher - which with frequent
sweeping must be worn down till
the root - can be seen - & the
instrument is slipping into the duct.
The instrument should be made
as a little incision and the root
between the two - & the Trencher
carefully avoiding injuring them.

When the opening is sufficiently
enlarged - I will draw the Trencher
and apply a piece of adhesive plaster
to keep the external opening.

From the Trencher - Tuber - how -

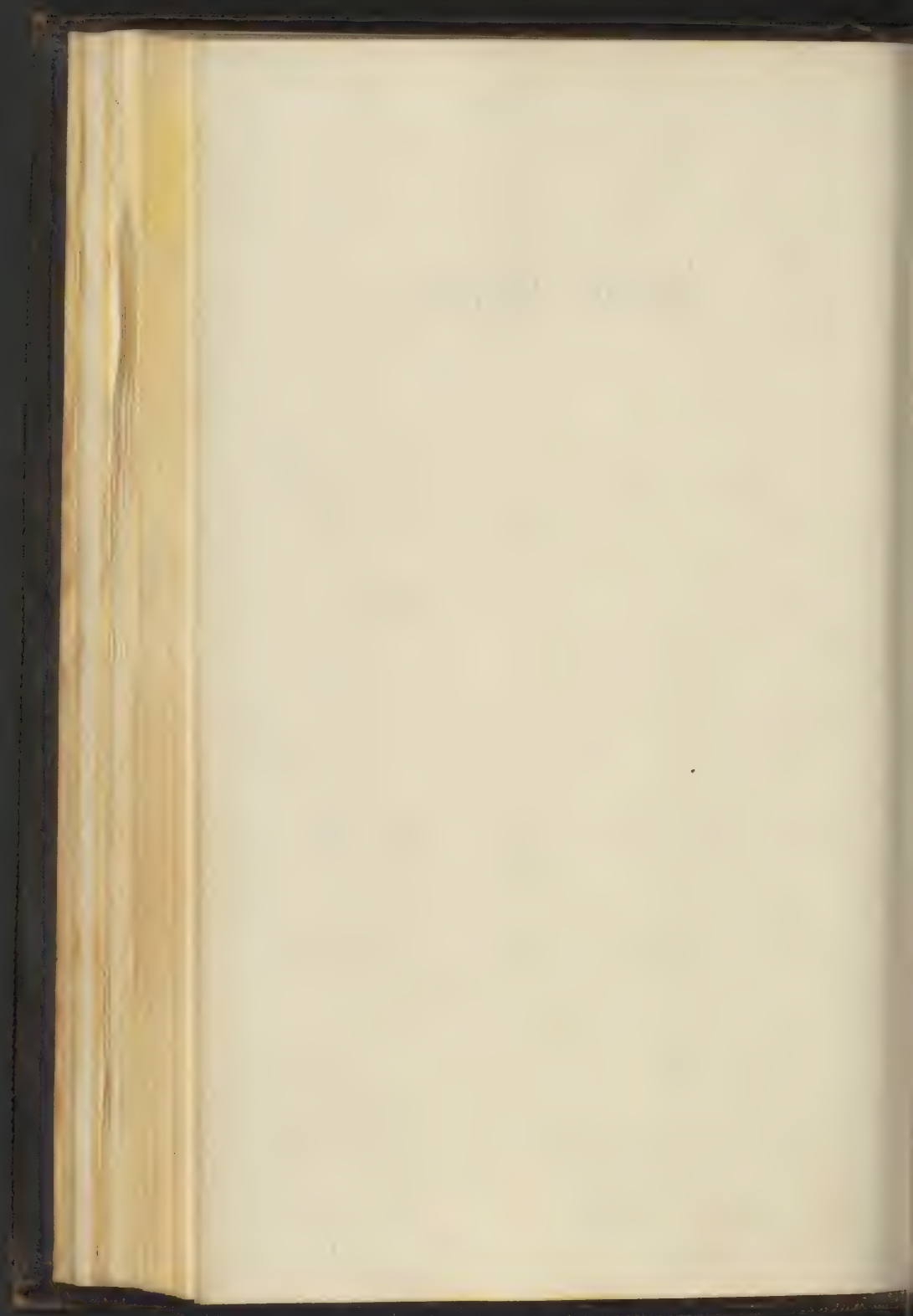


It would appear to me this
is done by rejecting the Purulent
Leucopneumonia. The following
has been attempted by means
of a plethoric State the Leucopneumonia
Leucopneumonia - as this necessarily
implies that the Leucopneumonia
Leucopneumonia - but if it does not
tend to be attended with increase
of disease - either existing violent
inflammation of the chest or be-
coming extraneous into the al-
veolar membrane of the chest and
causing the same disposition there.

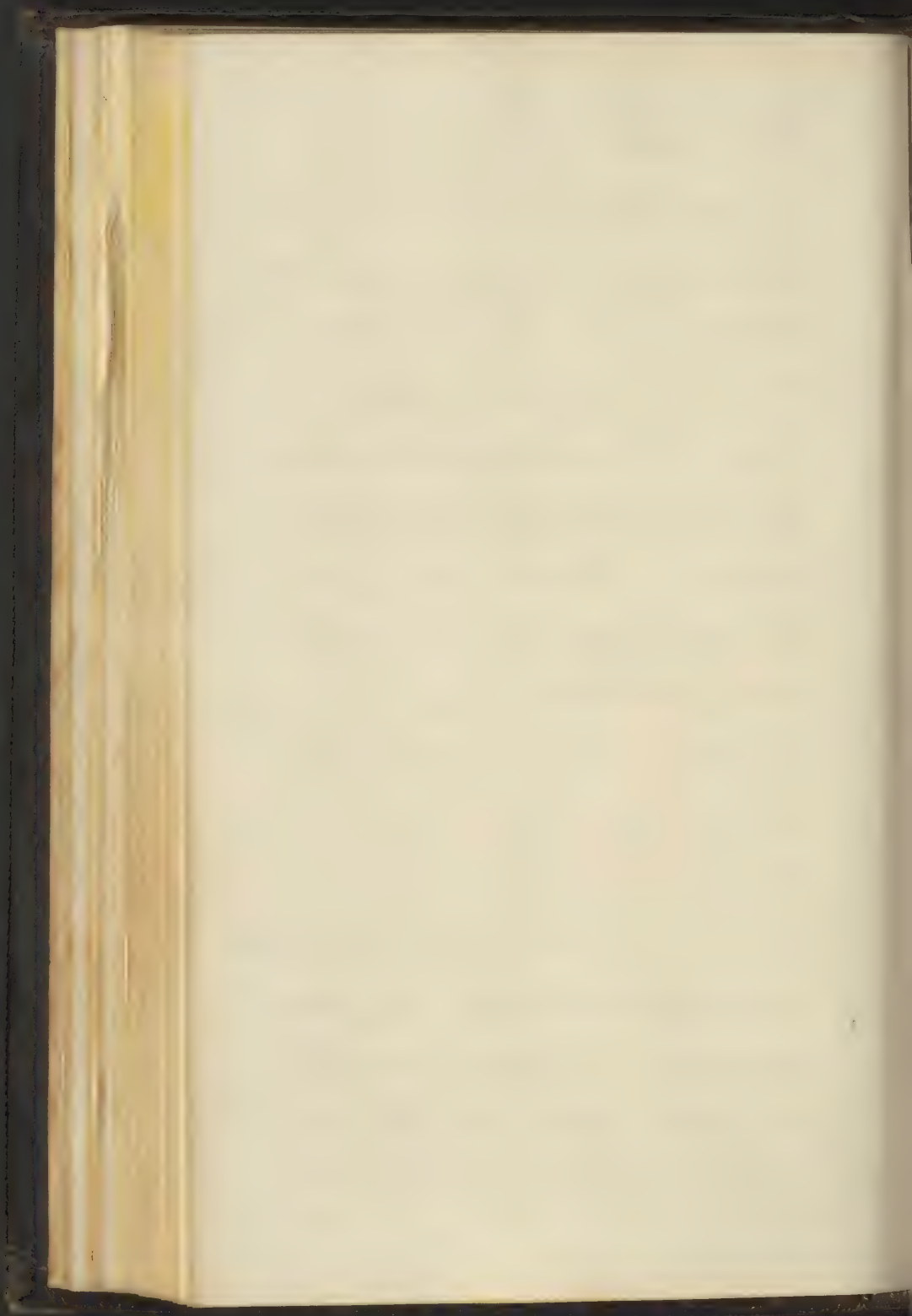


Nasal Polypi.

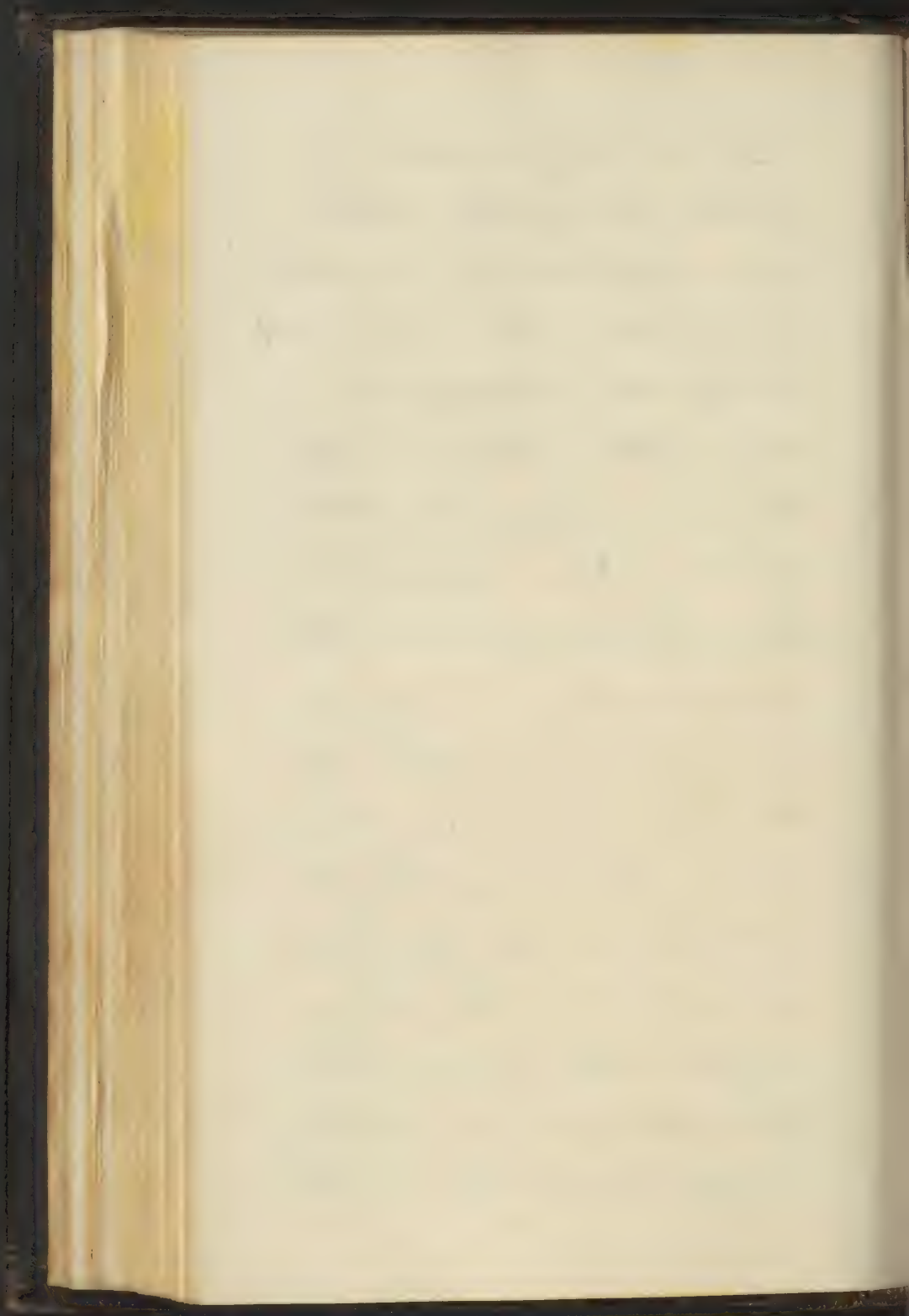
Polypi of the nose are frequently
seen arising from the mucous
membrane in the nasal space -
increasing gradually - changing
of shape - kept for a fortnight in
situation. They are usually
seen appearing externally - more fre-
quently having grown till they occlude
the Velum palatinum palati
increasing till air cannot be drawn
in thro' the nose - rendering the pa-
tient very uncomfortable and forming
an obstacle to perfect articulation.



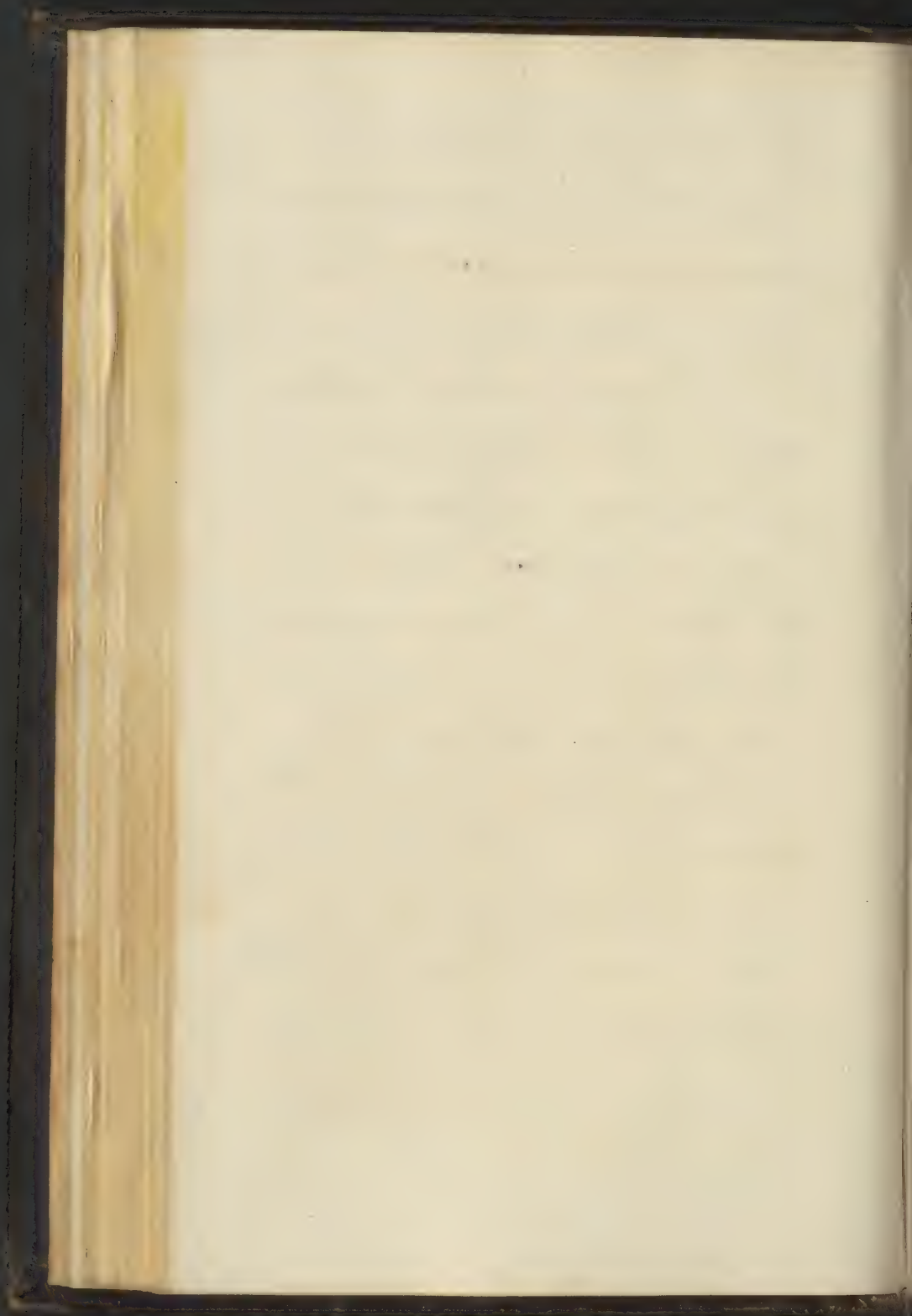
When separated by the paper
upon the lactine is brown - gives great
pain and on increasing of pain the
color more — Their structure is
tender - semi-pellucid - rather gelat-
inous - and has little vascular - being
very few vessels creeping upon their
surface — They have generally some
very minute processes projecting from the
main substance — — — — —
They stain strongly with carmalum &
Bismarckian blue - &c. - & their
color upon being mixed with water
of the color of a very small amount of
and not of the color of the color of the
color of the color of the color of the
color of the color of the color of the
color of the color of the color of the

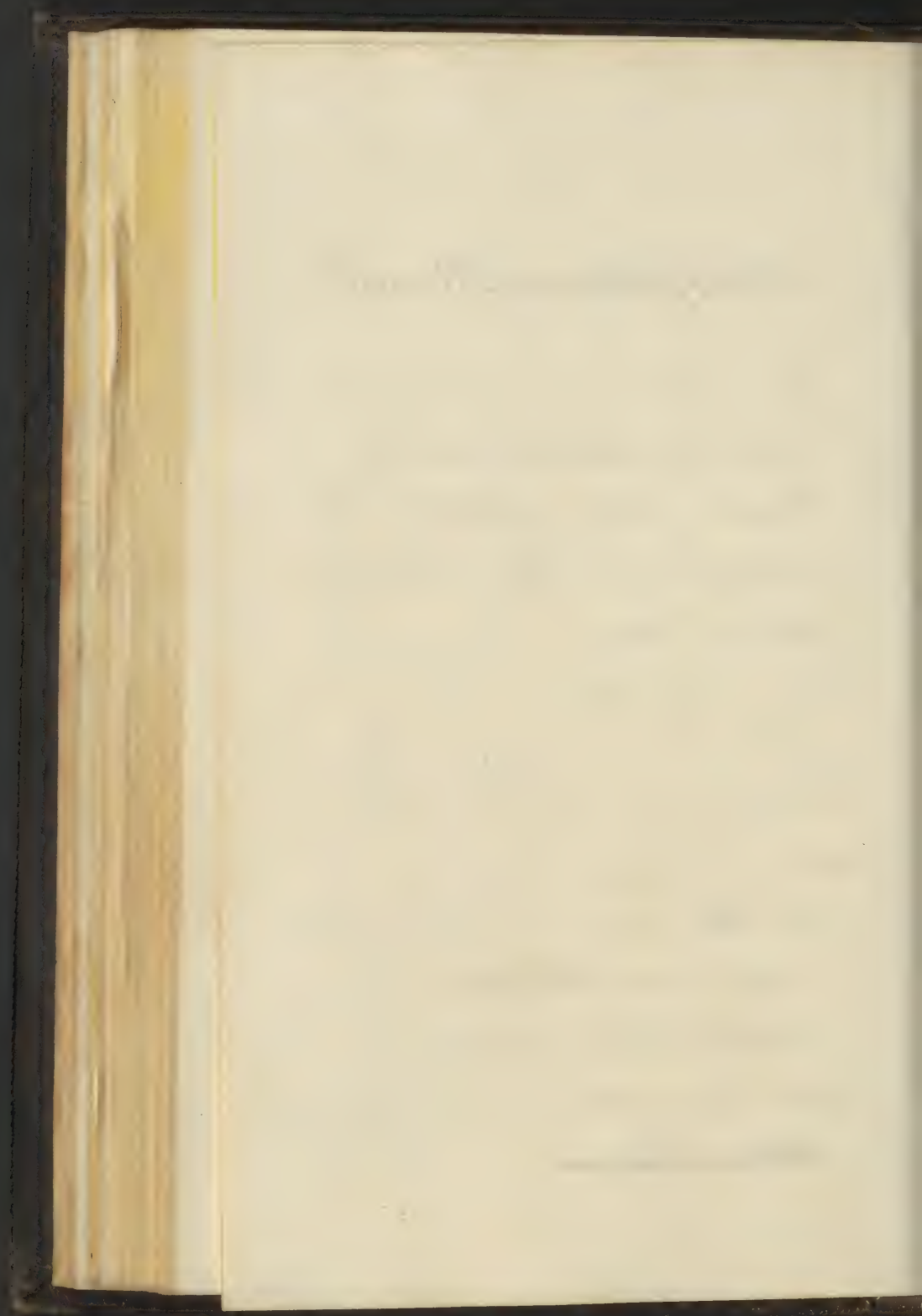


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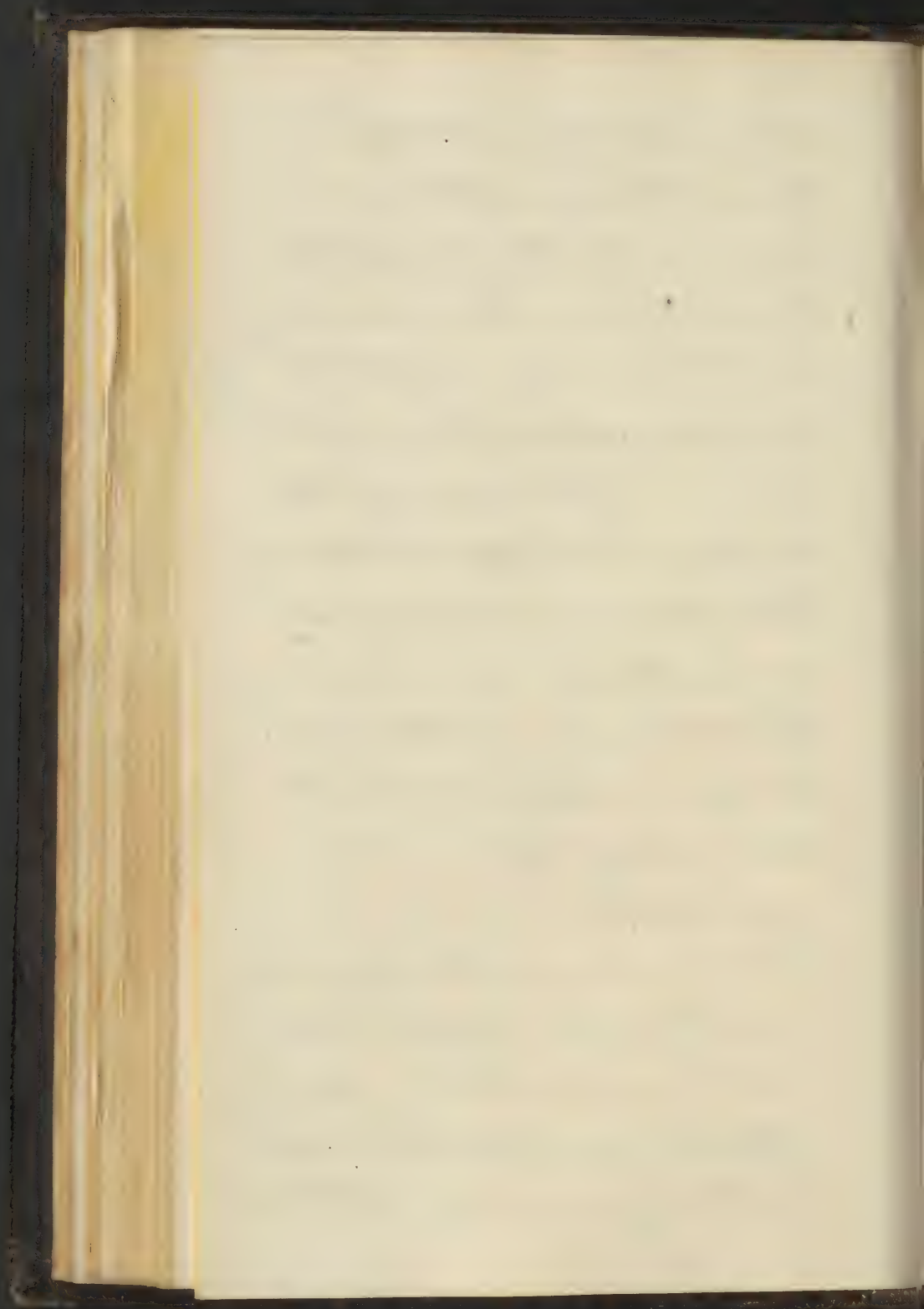
day, I do as much as possible to the
net, which being effected, you must
generally have done what I have done,
viz. When caught, I have not
in vain attended to what I have
done, which is always stopped by an
Egyptian of the same sort of skin
which is now a great deal of
the types. — There is a sort of
last species, very common, found at
Latter the part, attended with some
and forming a common thickened
of the membrane — which is very
account to the part, as it is
not, however, the same, and the
material, might be very different.



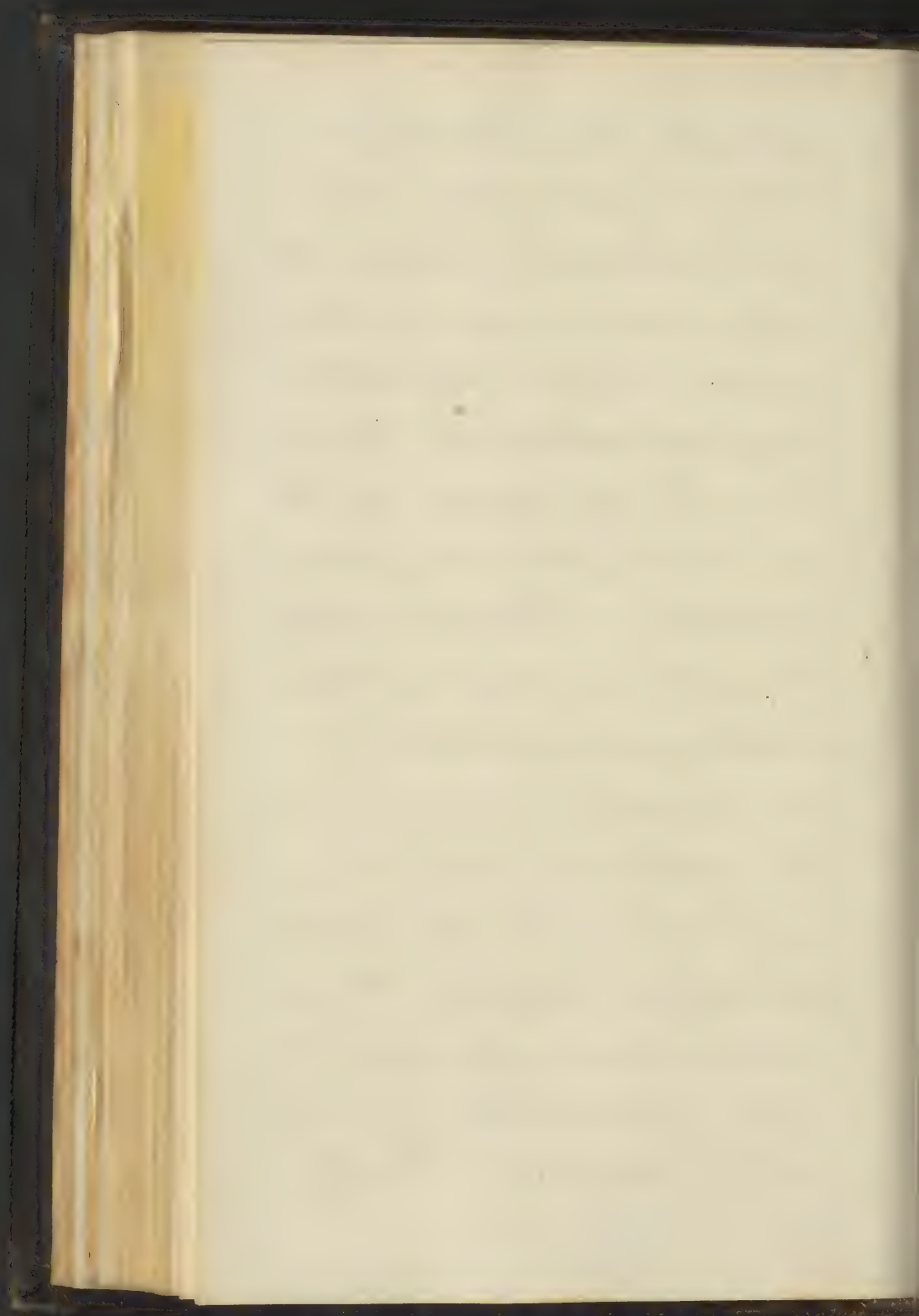


Set during the above restriction of
they seem to become susceptible of dis-
ease. — Instructed the Affection
has existed in our Soldiers and
may be traced as superseding to allow
them some weeks perhaps months
before. — In this case early atten-
tion should have been paid to the Heart's
Lungs, spleen and repeated according
to circumstances — equal parts of
Spirits of Wine and Aromatic Waters
of Anomala kept constantly in the
fact. — purgatives given — and a
regular diet prescribed. —

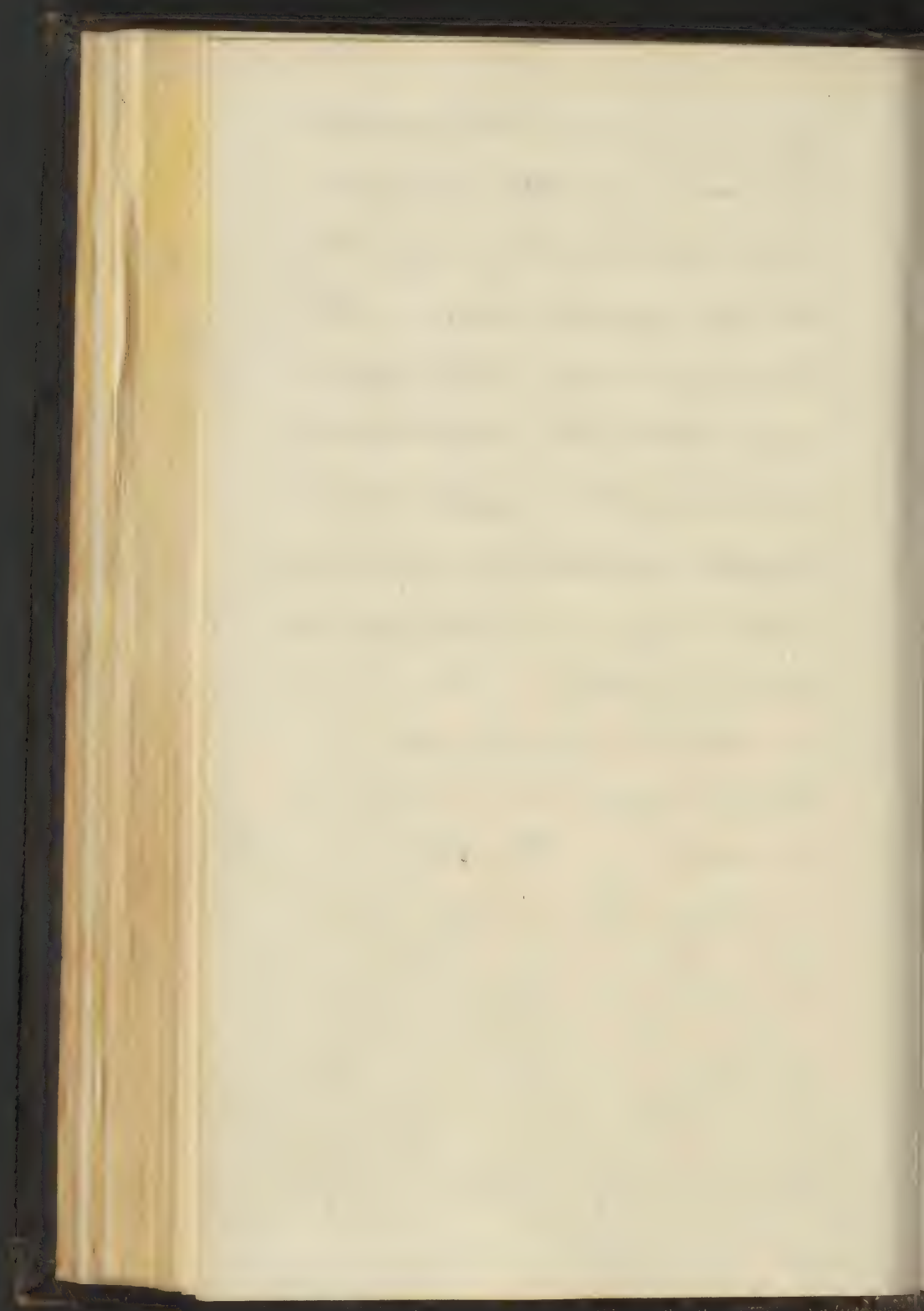
But even without any true
cause the disease continues to extend
itself in every direction — acting
to the same end the perfect ruin of
the Virus given induces anastomosis



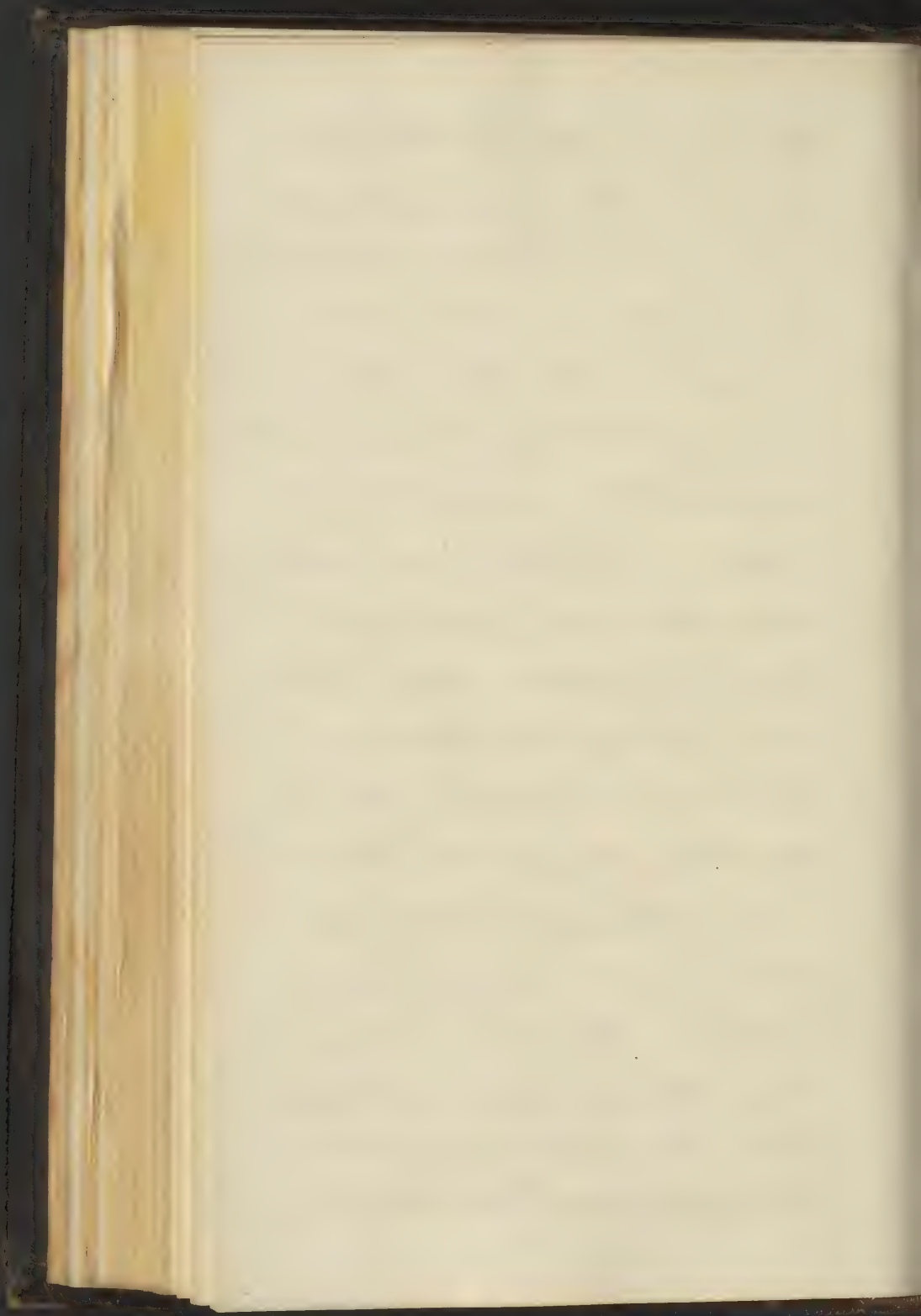
and have their valves also enlarged -
the 2. segment, directed - above
the 1. last later, plane - allured with
gold of air which increases as the form
enlarges - large quantities of blood
are frequently lost from some vessels
the white blood quick pulse - dry
cough - loss of appetite - and general
excitation - - The neighbouring
parts now become enlarged first blood
circulation appears externally - -
When it enters the lower part - with
help of the solid and of a former
consistence, and follows the natural
with cavities - containing a transp.
and flow a force in the heart - -
In general however this region is in
swell - purpled - Extension



[illegible]



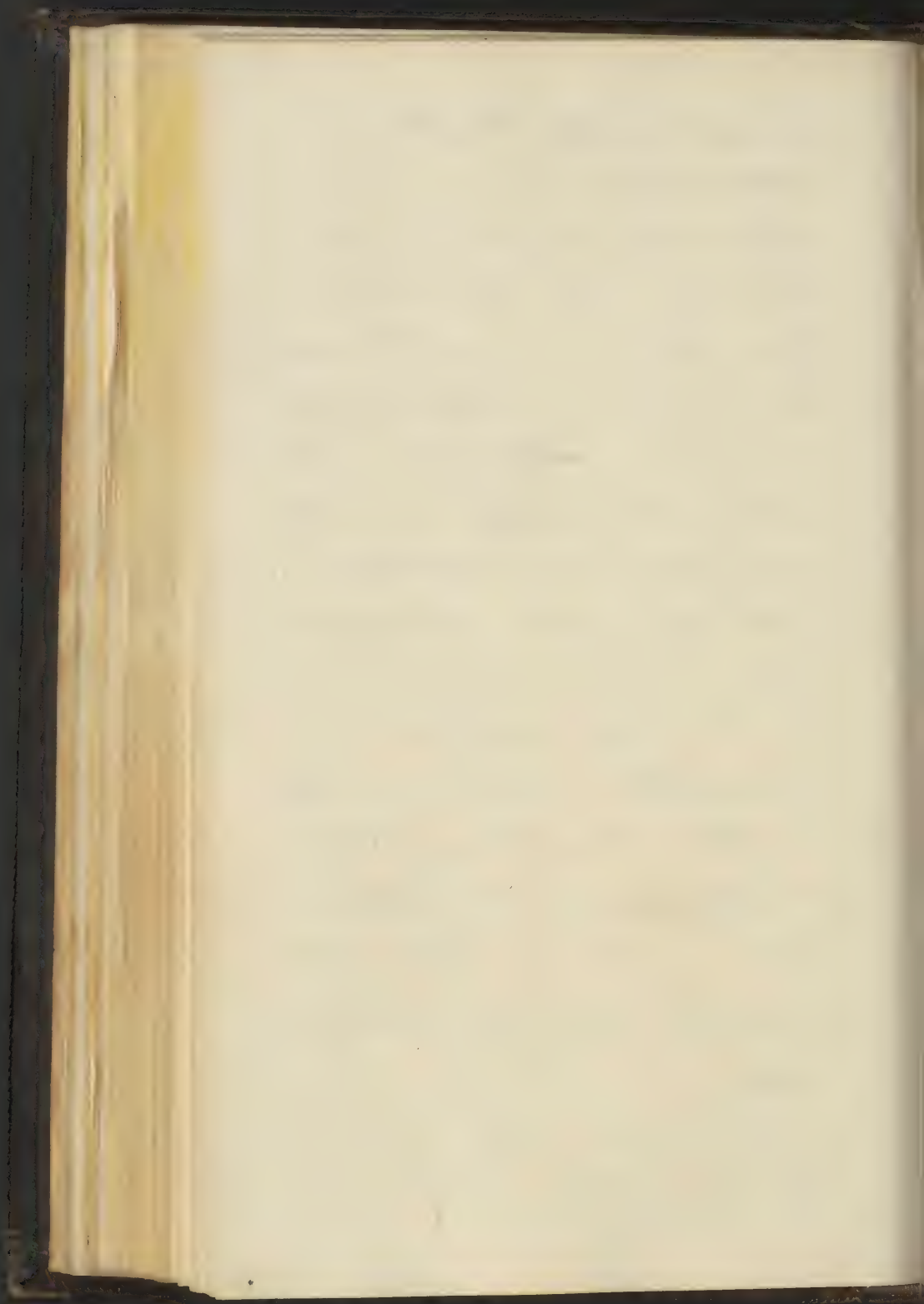
H. angustius - *leptocoma* - *H. pectus*
which when taken early may be cured.
of the disease. - But when it is
of long standing it still continues
to increase - and you find upon exam-
ination the whole diseased!
very much enlarged - and the
arteries - of the Trunk are affected
to the point of rupture - which may be
known by tapping the tumor is when that
needle is put upon the Trunk - or
when the virus has not affected the Trunk,
it is very small - then above the clavicle
between the nipple and sternum -
about one inch thick - of a chain of
beads. - When there is occasion
to remove the axillary glands the op-
eration is not done not only tedious
but very dangerous from the im-



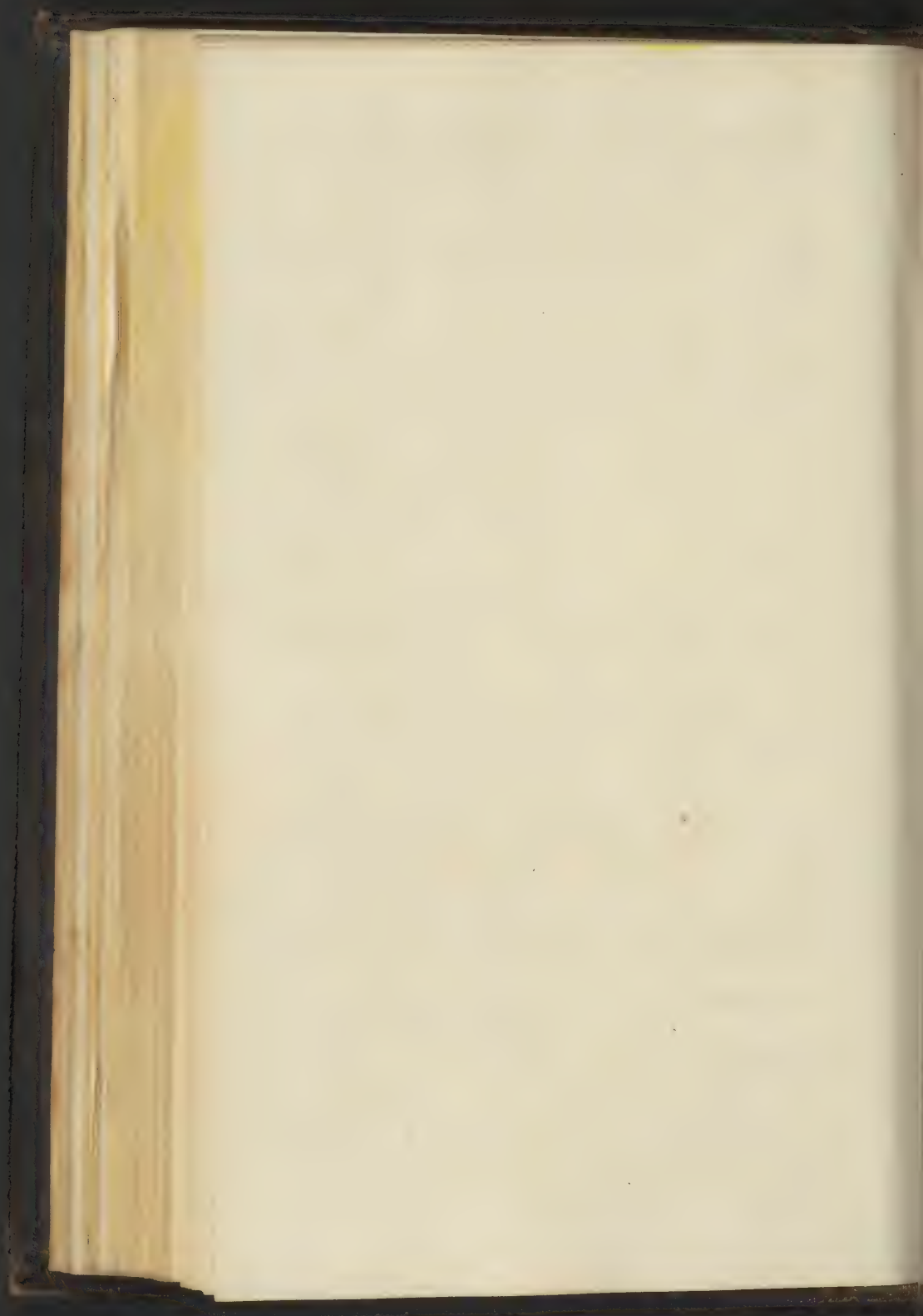
various variety - to the flowers of
various anemones. —

The walls are very high & very old
stone - but the the bottom
person with a view - The stones
have a difficulty to enter, just by
some oblique disposition - in the
case the wall should be joined by setting
a copy of the figure in stone -
The wall is a wall - some part
now - we should be careful not to
ignore the last part of the - by set-
ting across them - but always in this
direction - the walling and of this
part of the glass would be destroyed -
improve the form of the wall in
and across many part. Section of
with. 8

The figure itself is a more
piece of dissection - as you would



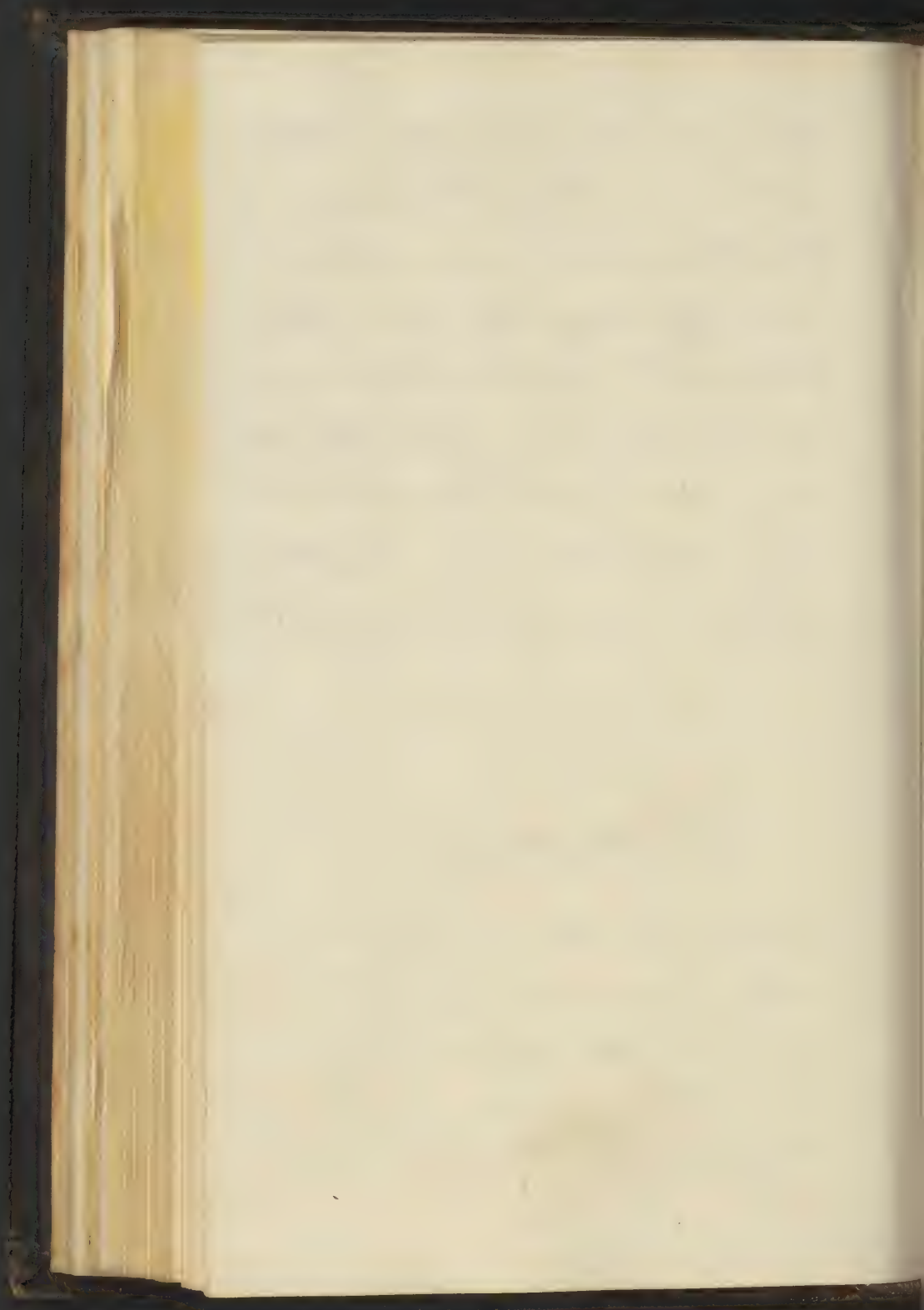
extremely common the face of the
 eye is separated from the sclerotic
 tissue - leaving a large cavity
 under the conjunctiva - the eye
 is then, as usual, it is not
 difficult that, very highly p
 cases are observed, by the
 removal of the eye with the eye
 the least completely supply me with
 by what plan you see the patient
 from of dressing the wound, viz going
 to the point. - Afterwards taking of the
 sutures only carefully wash again of the
 eyes and tie them with a single thread,
 being the eyes of the patient, into
 contact and secure them by adhesive
 plasters - preventing union by the
 first intention prevents symptomatic
 fever - The deformity is very com-



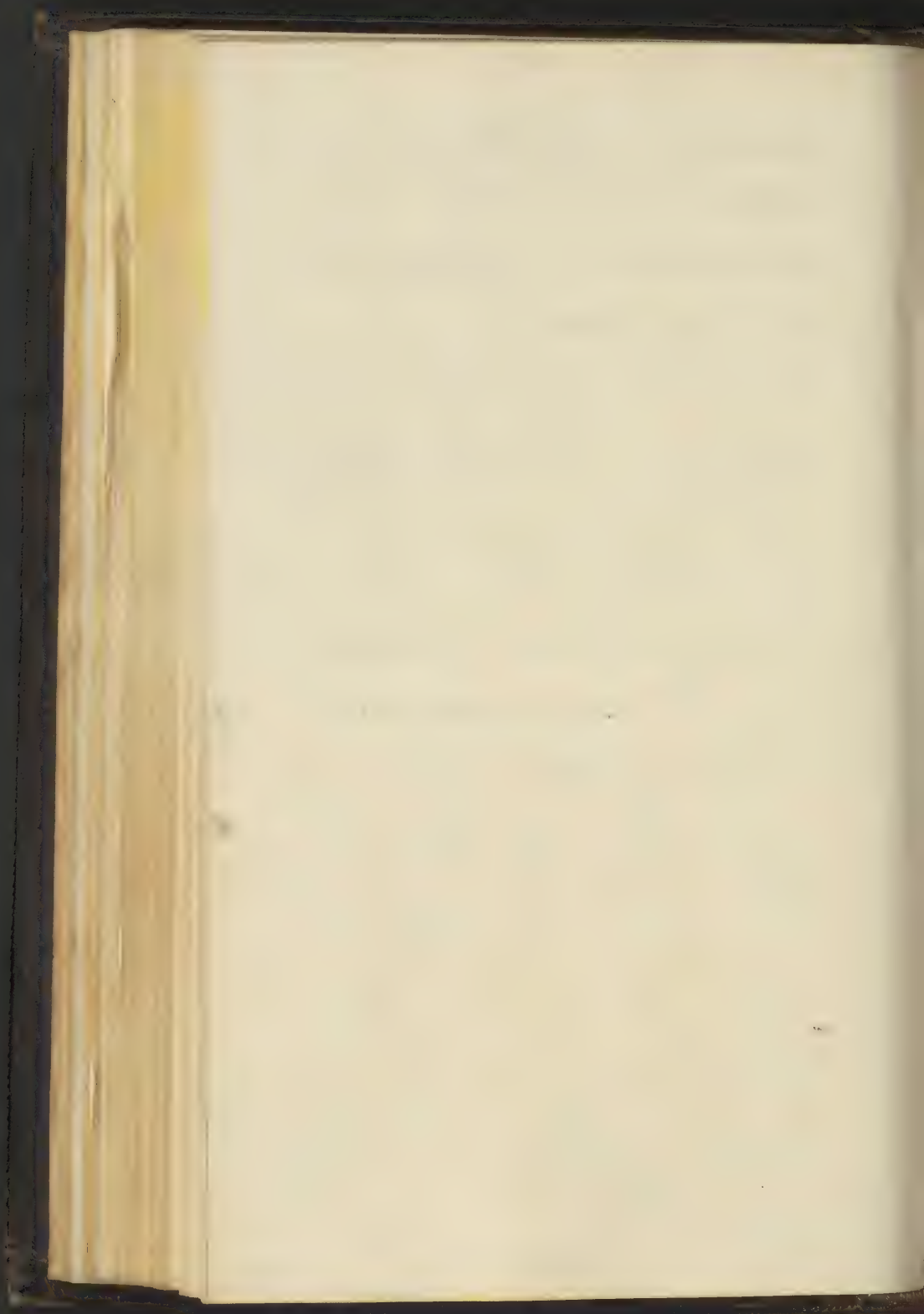
incurable when the operation is well
performed. It generally happens
that other parts of the prostate not be dis-
covered before the operation are sometimes
to be discovered. When the hemorrhoids
will begin to increase, it is better to thrust
them to the lungs the places of which the
lung on the operation cause symptoms
of Asthma which humors in the heart.

Castration.

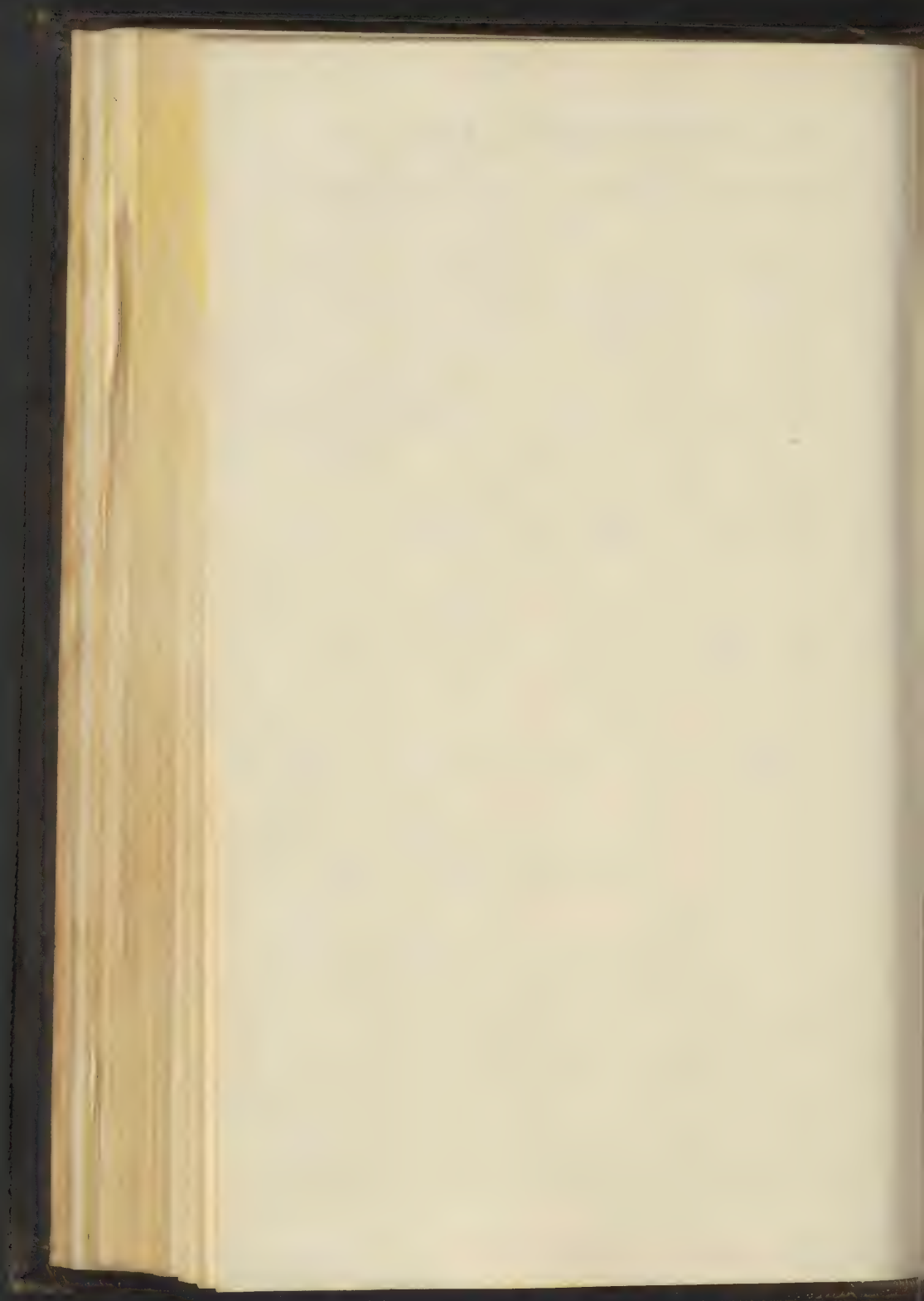
Diseases of the Testes are very various.
Hæmorrhoids humoralis is caused by the
inflammation of the cuticle extending
down to the Vena Mortuaria where
the excretory ducts Dominate and



generally arises from spontaneous
inflammation - that of a Boil is an
accidental cause. - The treatment is
the same as for the Boil. - Mercurials
are increasing the inflammation
and are proper. - These are indicated by an-
swering to the patient's strength from the
arm - as the pain is frequently ex-
acerbating and pressure violent. Symp-
tomatic fever - in most of the labors -
with spasm of the chest - endangering
life from the great difficulty of respi-
ration. - Apply leeches over the
arteries opposite to the Sutures &
leeches - as if indicated by Anemia.
Ant. proc. or Anemia - the vital 55
Ant. histiolat 45 if this last produces
inflammation and suppurates on the finger
apply the great Suppurator - oxygen 2000

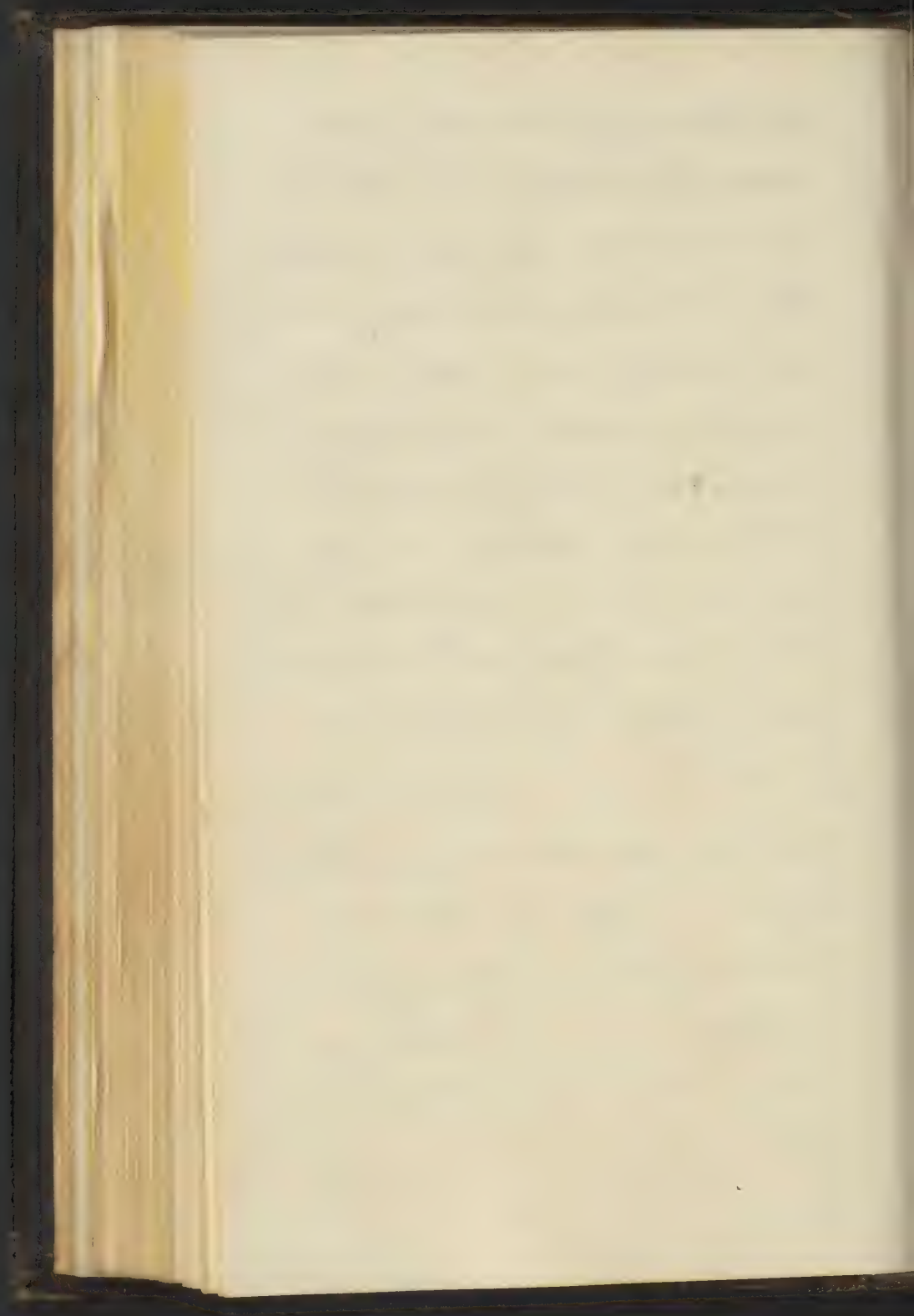


not are the testicles being kept in an
enlarged position - rather the structure
of the organ may be enlarged by sup-
puration taking place. Hence the tumours
discharge at fistulous opening near the
testis & wastes away. - This happens
sometimes and the sides also are enlarged.
But without suppuration they waste away
till nothing remains but
a little Epididymis - surrounded by an
abscess. The Testicle becoming pro-
ducing smaller abscesses - from the
absorption into the structure the Inflamma-
tion. - The Epididymis some-
times becomes very hard and enlarged. In
many its Vessels also enlarge and pervious
from the effusion of Lymph uniting the
articulated parts. - This may be removed
by absorption on the application of the

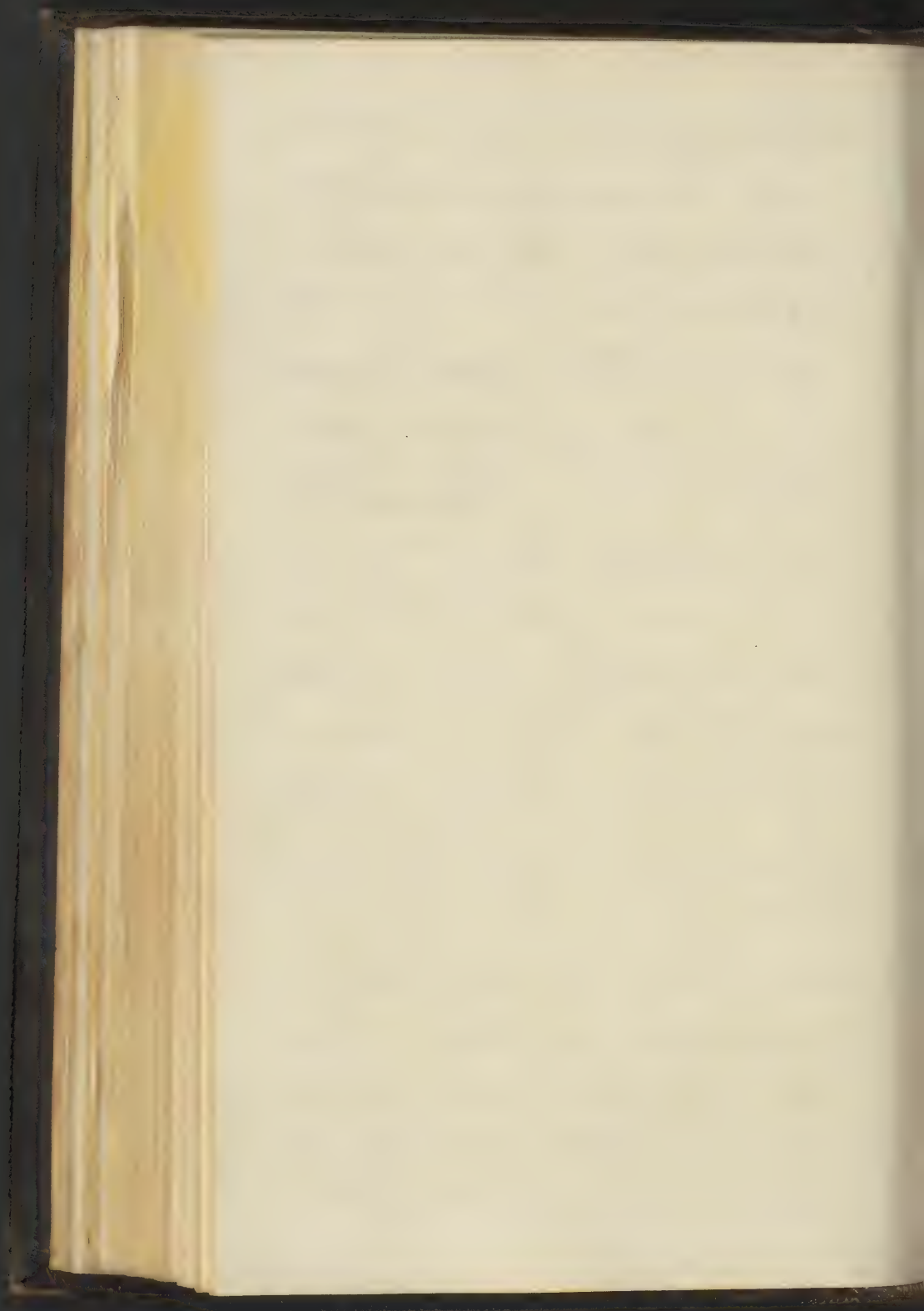


ling^t Hyperaegia when the Inflam-
mation has subsided. - The Testi-
cles, sometimes enlarge very consider-
ably - without any known cause, or
pain excepting a very slight degree - from
scurvy, or occasioning a sensation of
drawing down at the Spermathecae.

In these cases, which are generally
receptacles - even the patient collects
the semen. - Both of the Temperature
of 90° for fifteen minutes each time
going to. - But immediately after the
effects are gone off, when the semen is
detected. - Apply Sea water or Sea
Bath to the Scrotum - which will some-
times produce a crop of Puscles, and a
gradual diminution of the Testicles.
After which, would mean a draw of

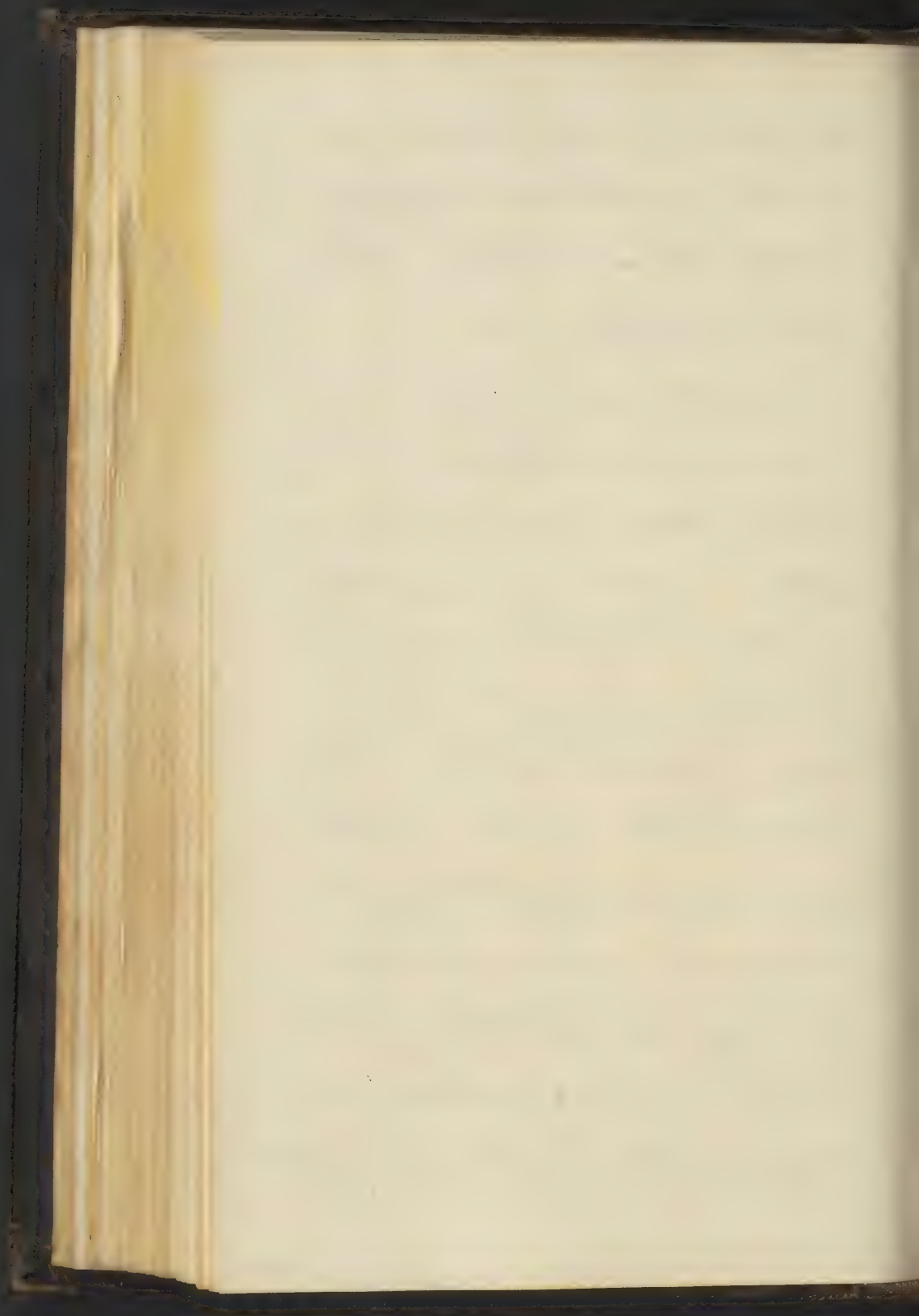


The following is a list of the Tachinae
very large and more often on the legs.
R. longipes B. in Sp. rectif. ad. 10.
Big. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
make the same ^{you} as the last. The last
then - and at the same time receive the
Tachinae. — Isobius Tachinae
ultimately becoming truly can-
crous - can with difficulty be distin-
guished from the last - may arise spa-
taneously from accident - but here -
being large and more irregular - and it
tends with more pain - But it is
caused by cancer in the cavity of the St.
serena - where the Tachinae are often
the same matter as the Tachinae - Some-
times at first appears as a scrophulous. It
is a cancer but afterwards a more ma-
lignant - and may be called Scrophu-

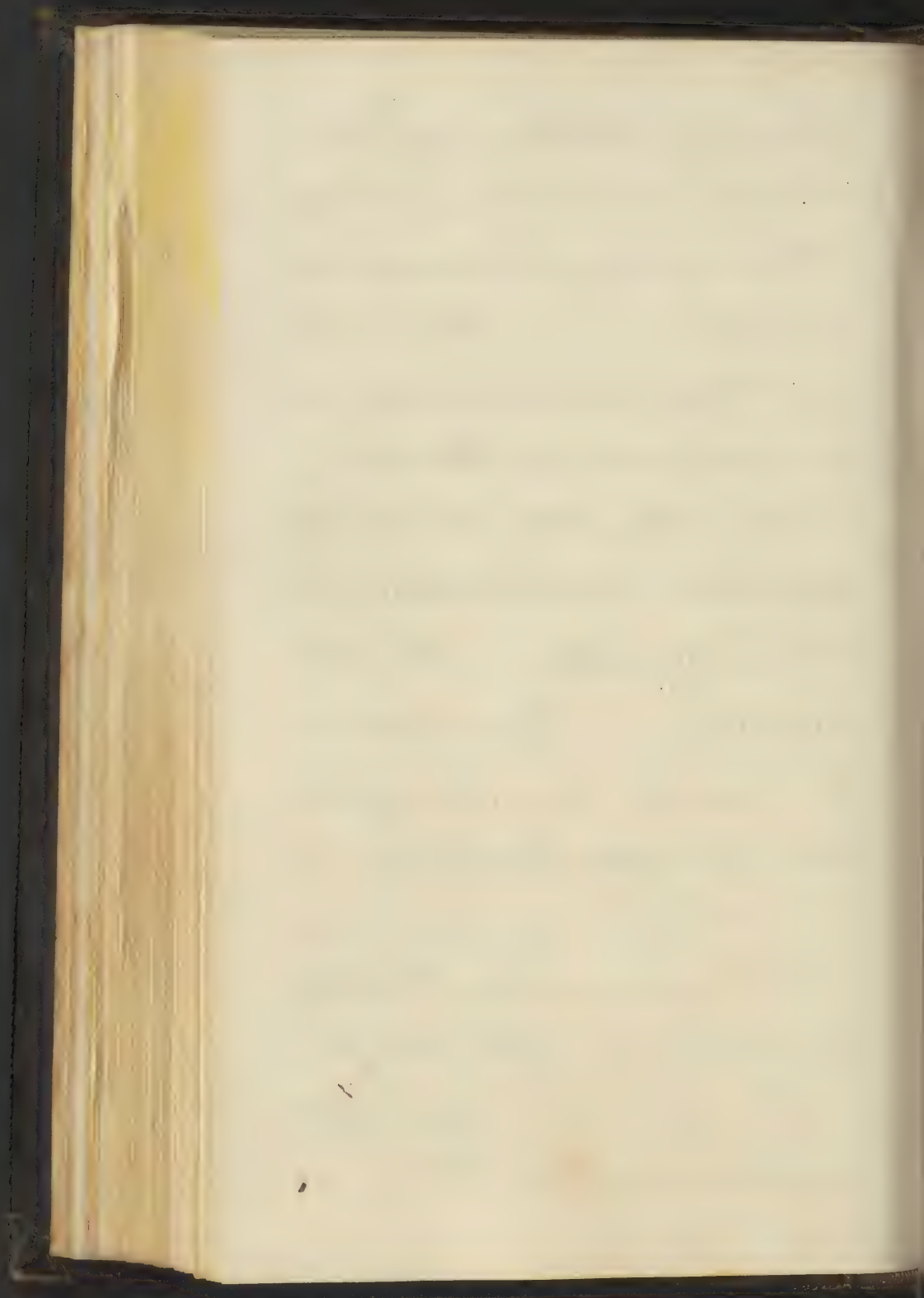


Scars, &c. These patients sel-
dom live more than one or two years.
The time has run a case in a child
of five years of age. —

Another not very uncommon
disease, and something similar to,
that in external appearance but very
different in nature — is the Hydatid
Testicle — which is frequently large be-
fore it is discovered — and then only by
dragging down as the testis — it has
a pulpy feel when handled — but there
is no discolouration of the Integuments only
a more gradual increase of Hydatids —
which escape when cut into leaving the cells
distended — In some instances contin-
uing a great number of years — only to

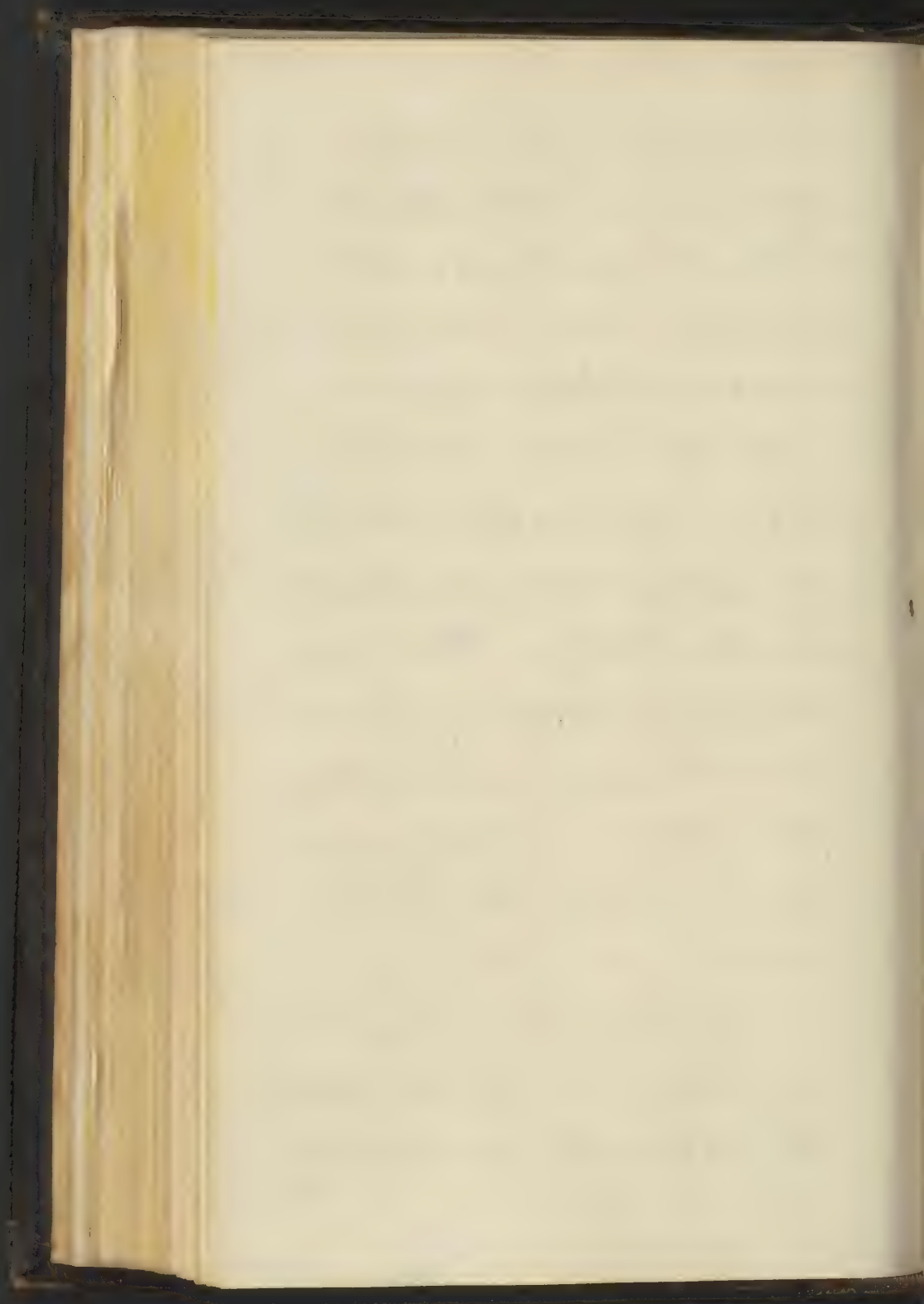


be removed by extraction - after which
there is never the least danger of a relapse
as the surrounding parts are never in-
flamed. - There is a spe-
cies of entanglement which sometimes oc-
curs in consequence of a Stone causing
an excoriation of blood within the Body
of the Testicle - which becomes tender & is
attended with great pain - This is called
Hæmatocoele. - But as a Stricture
now occasionally happens from rupture
of the Vessel within the Tunica Vaginalis
we must be careful in our discrimination
not only to know from the other by
being accompanied with very little pain
and hæmatocoele not being necessary to op-
erate for the removal of the Testicle -



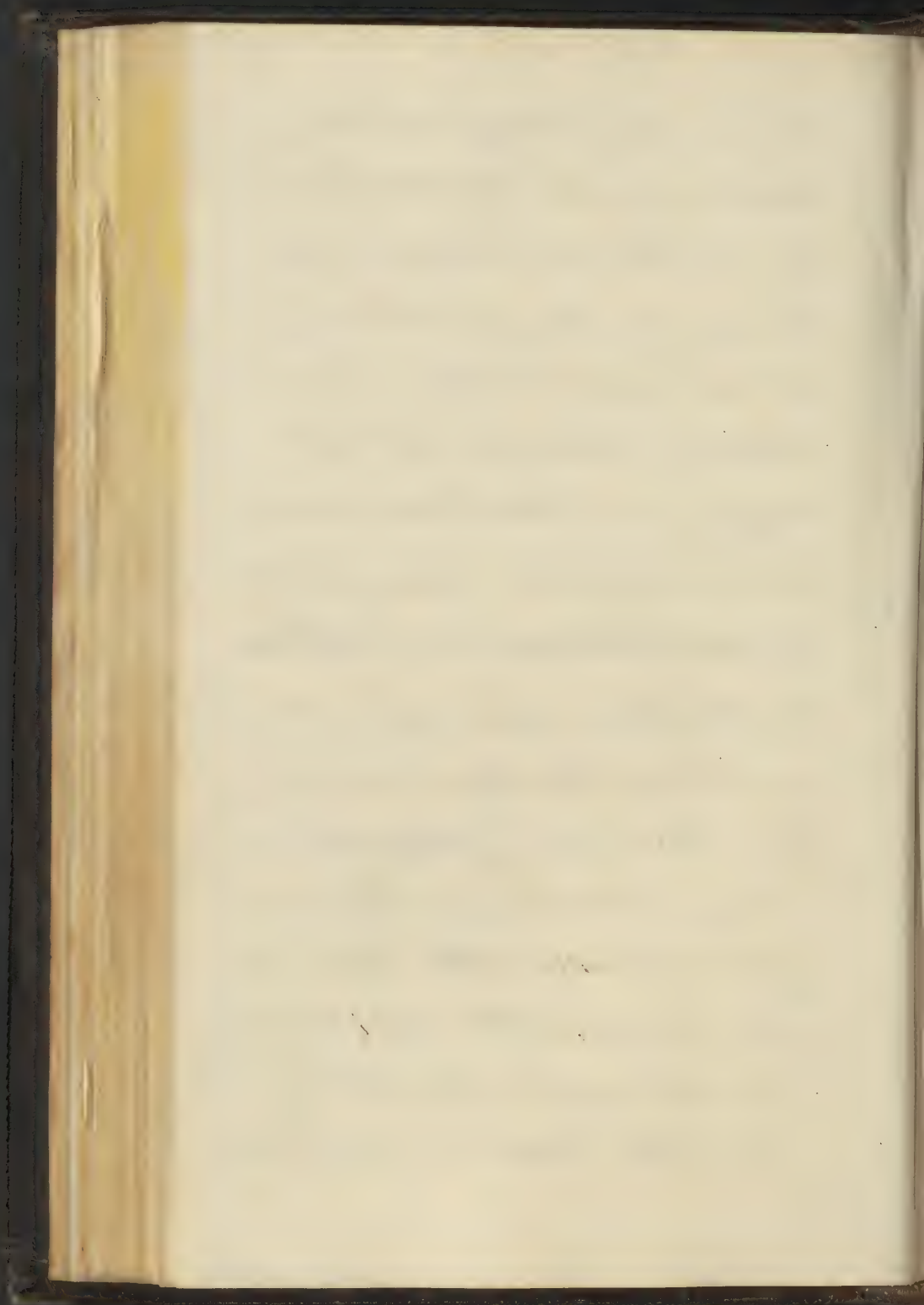
the white, thick, yellow
and red, brown, and grey, and the hair
the hairs that is not as those of the
fine, brown, and red. The Testes
are small, and the Testes are discolored
and enlarged, with an extremely fetid
discharge - a purulent sperm, and the
sperm, sperm, and sperm, and the
life of the Testes - We have no
precise view of this disease, but it increases
faster or slower according to the vitality
of the Constitution - other than an opera-
tion for its removal before the hour
is struck.

Apoplexy Testicularis is the next dis-
ease - it is a species of apoplexy, and the sperm
has soft feel with a mass of pus.

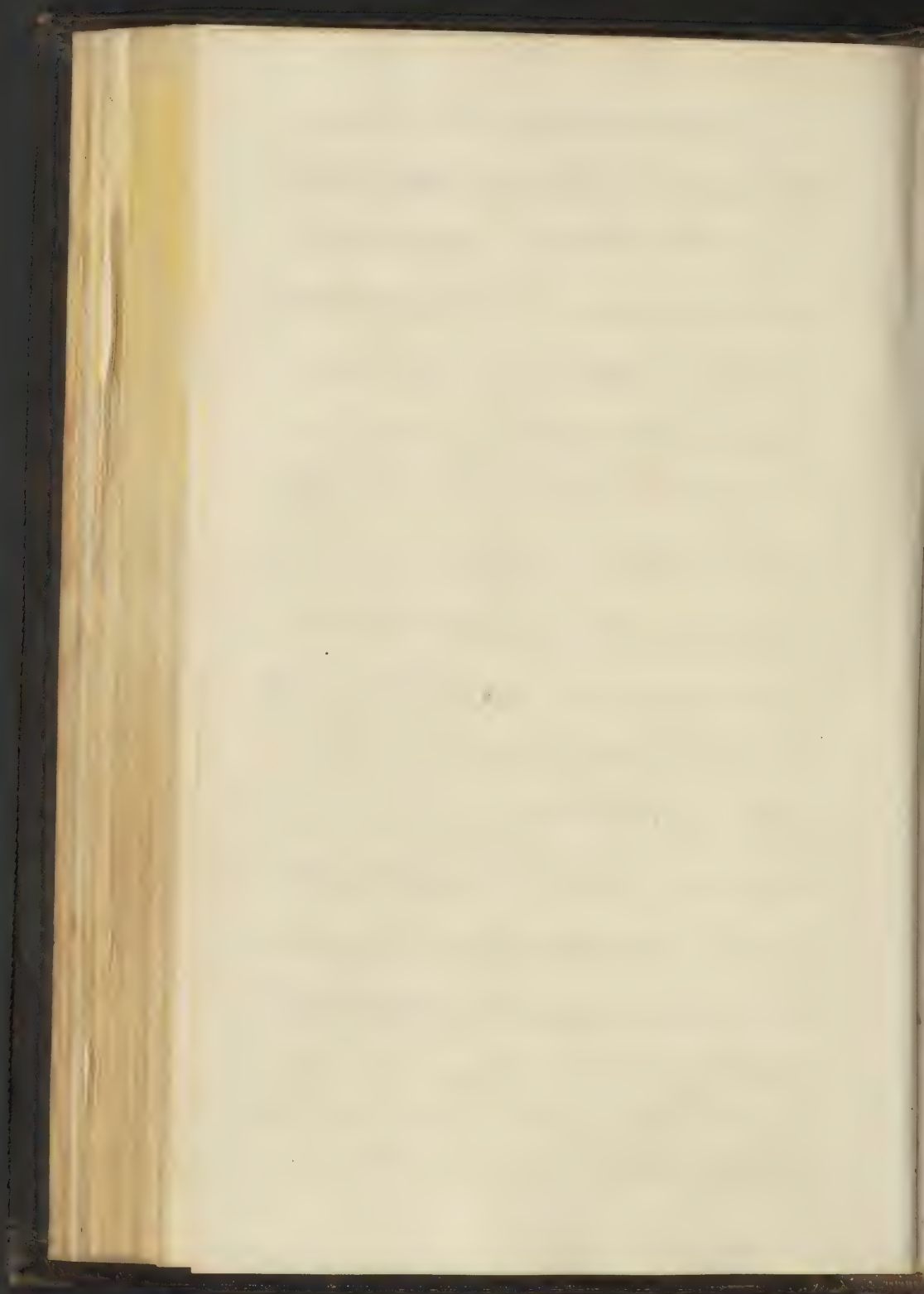


be - making it difficult to say
whether it is not a collection of
the mother than the former - par-
ticularly when from pressure on one
and it enlarges at the other - but in
nothing in a form it is water - with
is after - - Then the case never be-
comes more intimate - dipping in this
regards of form - but the fibres
are then become disordered and contain
a white fluid like matter - emitting a
sour - broken down by putrefaction -

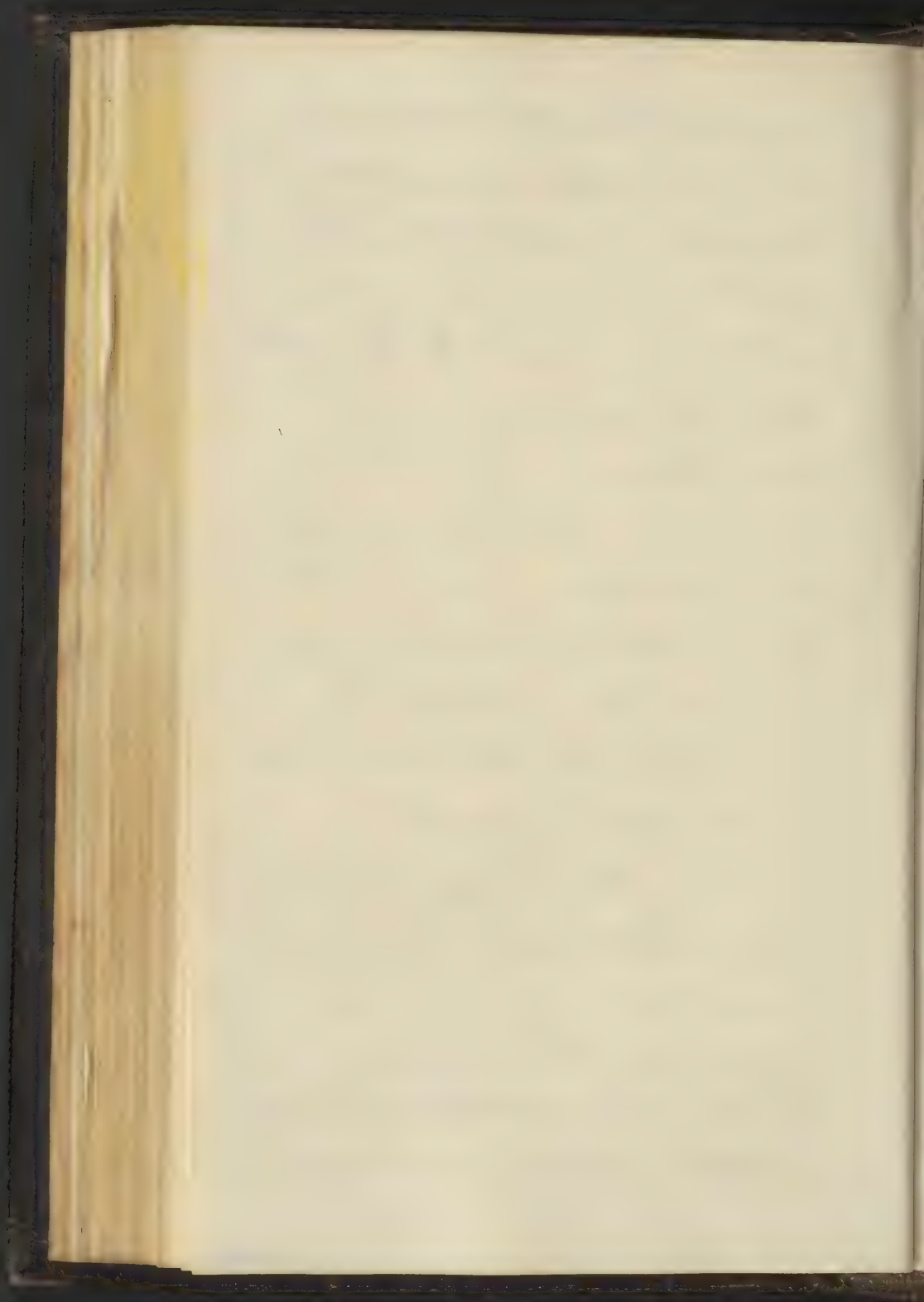
It may be known from Hygiene
by the discoloration of the integuments
and enlargement of the superficial veins
but as there is no possibility of saving
the Testicle it requires as speedy remo-



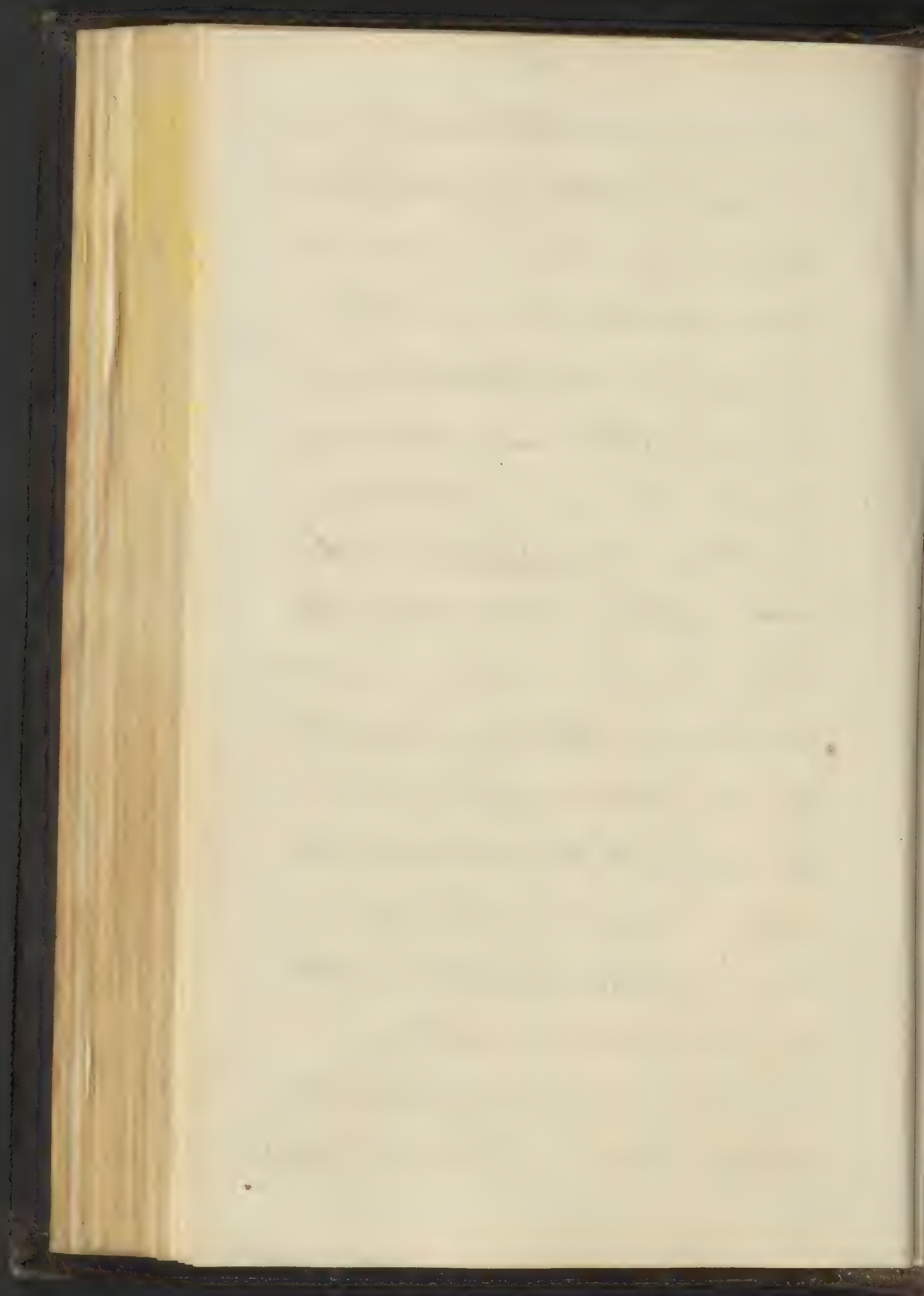
as the numerous - You when you
find irregular Tumors within the ca-
vity of the Abdomen - the operation
will be of course - but the patient dies
in a few months. - In case of
retention of urine - the operation
being the first incision not to be
upon the Tumor Vaginalis and by
means of puncture - as if the collection
is from some source external to the
cavity - a more extensive will be
sufficient for the cure - but if some
escape and you find it within the
cavity you must proceed as in any other
case with the operation till finished.
The operation is begun by ma-
king an incision from the perineum
up to the point where the Abdomen



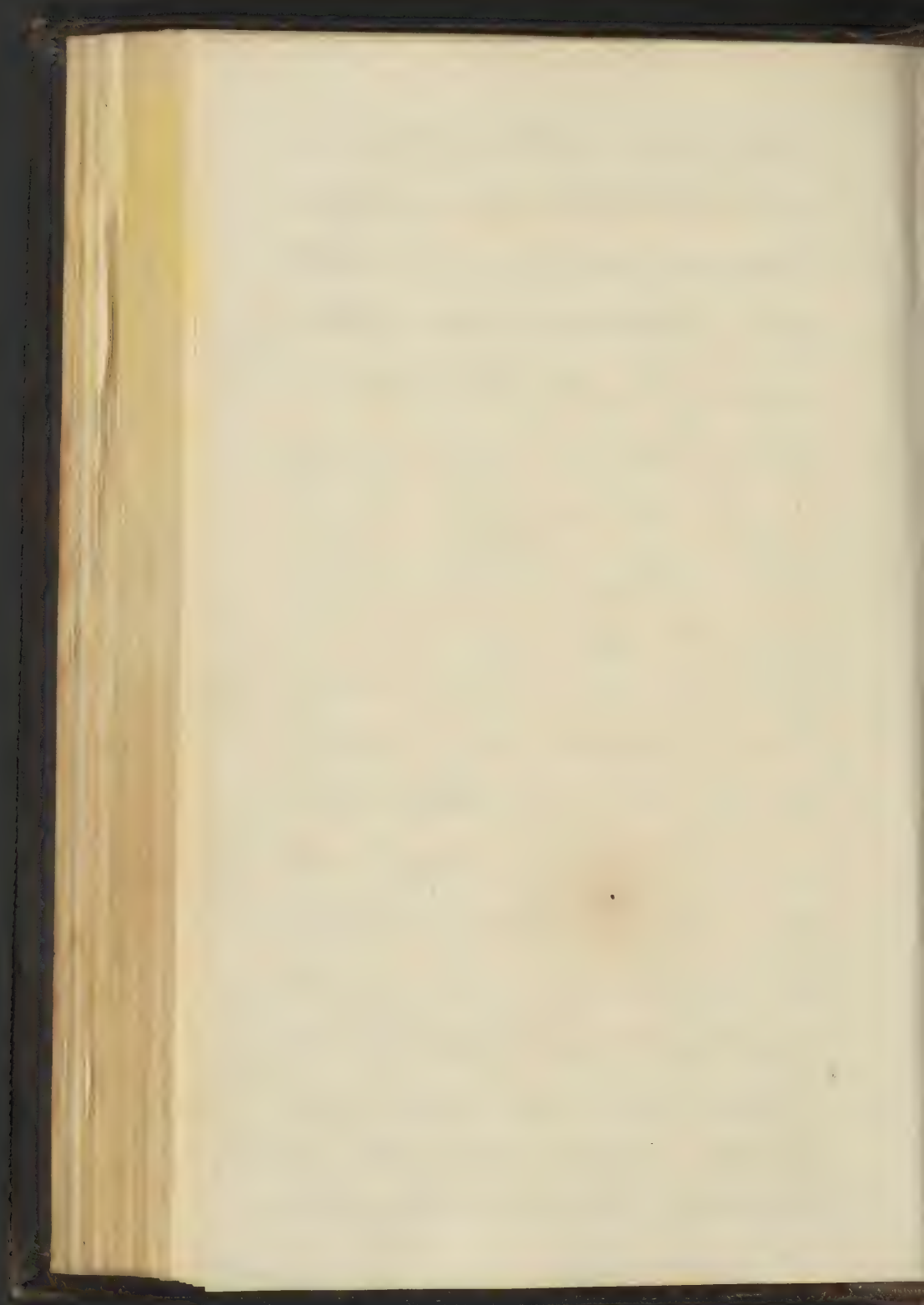
very to the bottom of the section, that
you may have sufficient room to lay
hold of and secure the Vessels - This
is that the Integuments are cut,
arterio-venous layer, here the Spermatic
Cord and *Tunica vaginalis Testis* - in-
gular first opening - and the circum-
scision of the urethra and some thick-
ening of the Tunic - must be separated
from the Section by dissection - first
on one side then on the other - keeping
back knife upon the Tunic to avoid woun-
ding the Septum opposite Tunic -
and removing that hole of it with the Dis-
sector - but first attend to removing the
Spermatic Cord - which may be done in
various ways - The artery may be cut,
the laid hole of it with a pair of forceps
and tie - but this mode is subject -



an inconvenience. The Committee have
the very sense of the law within their
control - this however will mean
to act - and when it does the law
means, pass on the Legislature's account.
You must not be alarmed at Newburgh
from this cause - It is better at-
tending to a double obligation - with a
such a rule as can be a double step.
Tying the whole over right gives great
freedom than any other part of the operation.
The purpose should only be to make it
regulated by the flow of blood there the
a day - it should be a double - ge-
neral in spirit and both of the one of the
law like the rest is a double rule -
but in convenience of tying the whole
over my light - is - obligation - causes

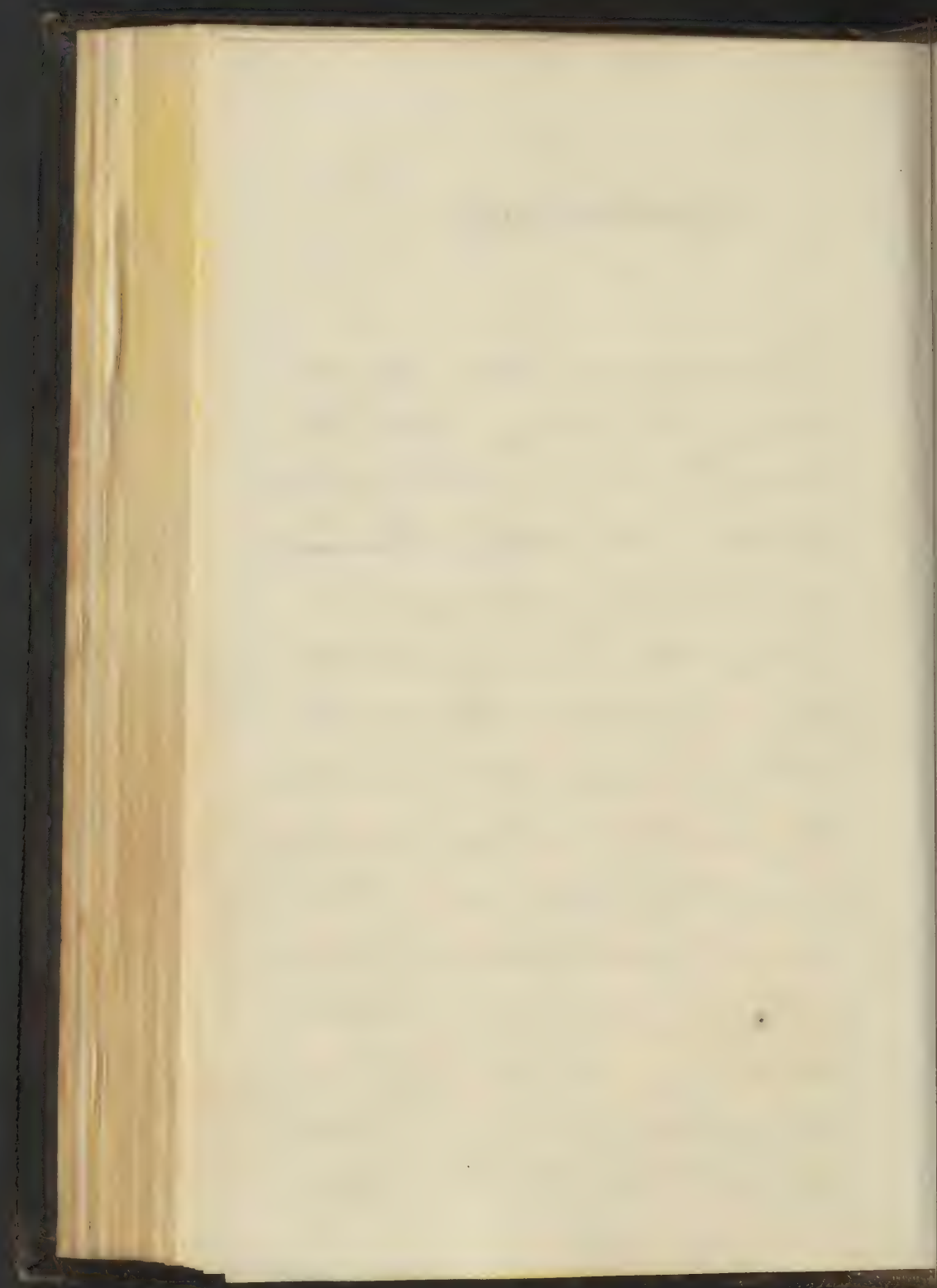


vicious inflammation and becomes he-
vied in the Integuments and lymph.
flow out in consequence. — A.C.
appears, & later if not removed the
and upon this makes the Ligature at
one hour upon and removed at any time
usually at the first opening — if you re-
pierce with again Ligature. I have
the one better — four days — which is not
better — it is inconvenient — and
is removed at the first opening with this —
then if there is no danger of Haemorrhage,
One other Ligature may be put in the
Integuments and the rest removed with a
Lime-plaster — when removed will gene-
rally be effected by the first Intention.
Patients seldom die simply of this
operation — but more generally from the
long delay — the Abscess being dis-
covered.

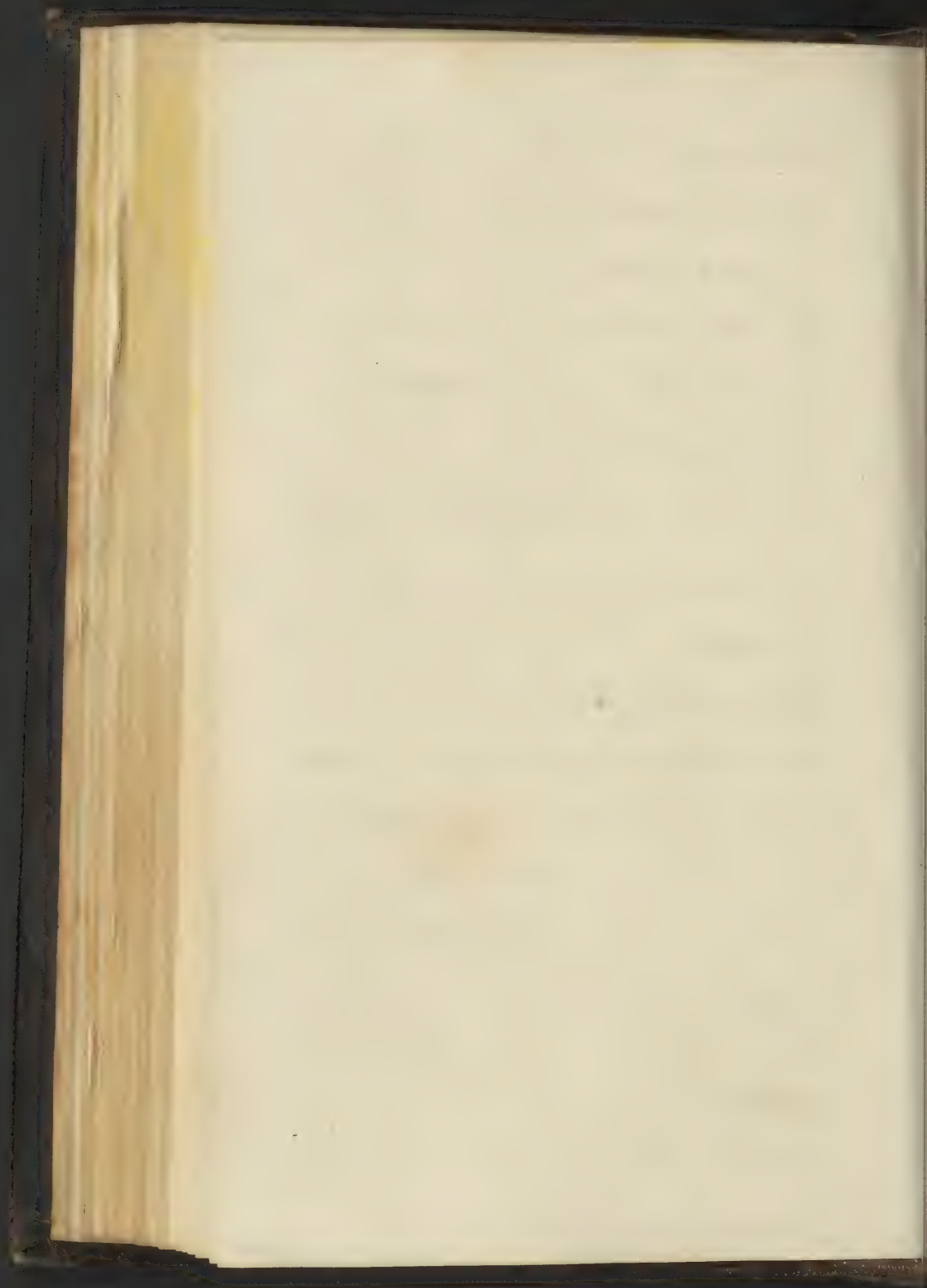


Lithotomy.

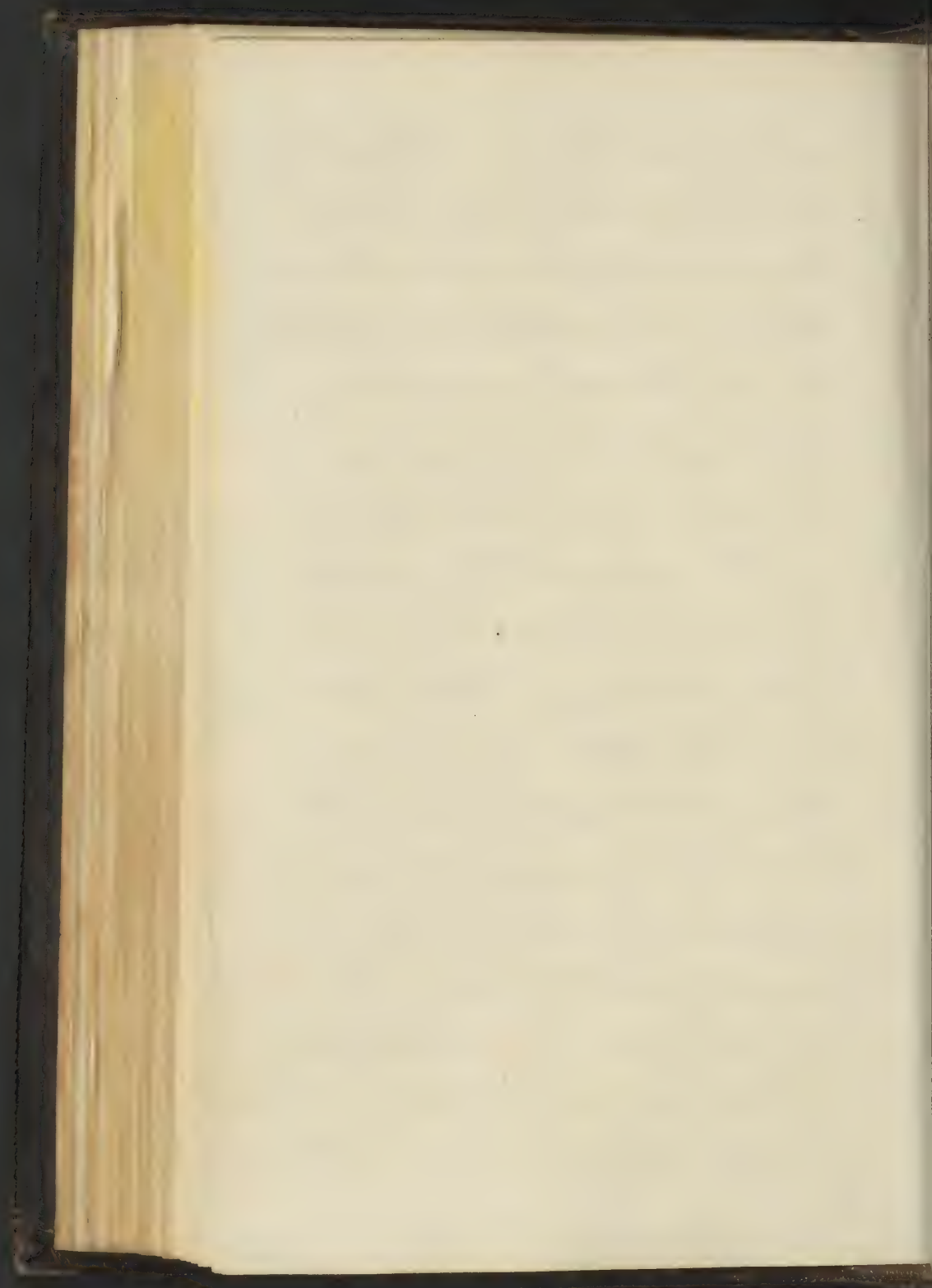
Calculi and concretions are found
not only in the Urinary but the H.
imentary Biliary and Salivary ducts.
Most often in the intestines of Ruminants
particularly horses - which appear as
very large stones - one weighing fourteen
pounds - one found in Llama-like
The human urinary calculi - sometimes
having an extraordinary bony structure
in one instance as at - In the
human Subjects they are often found
in the urinary passages - the Tubuli
of the Kidneys - or the pelvis which is some-
times completely filled with the Stone
and the shape of the Calculi are in -



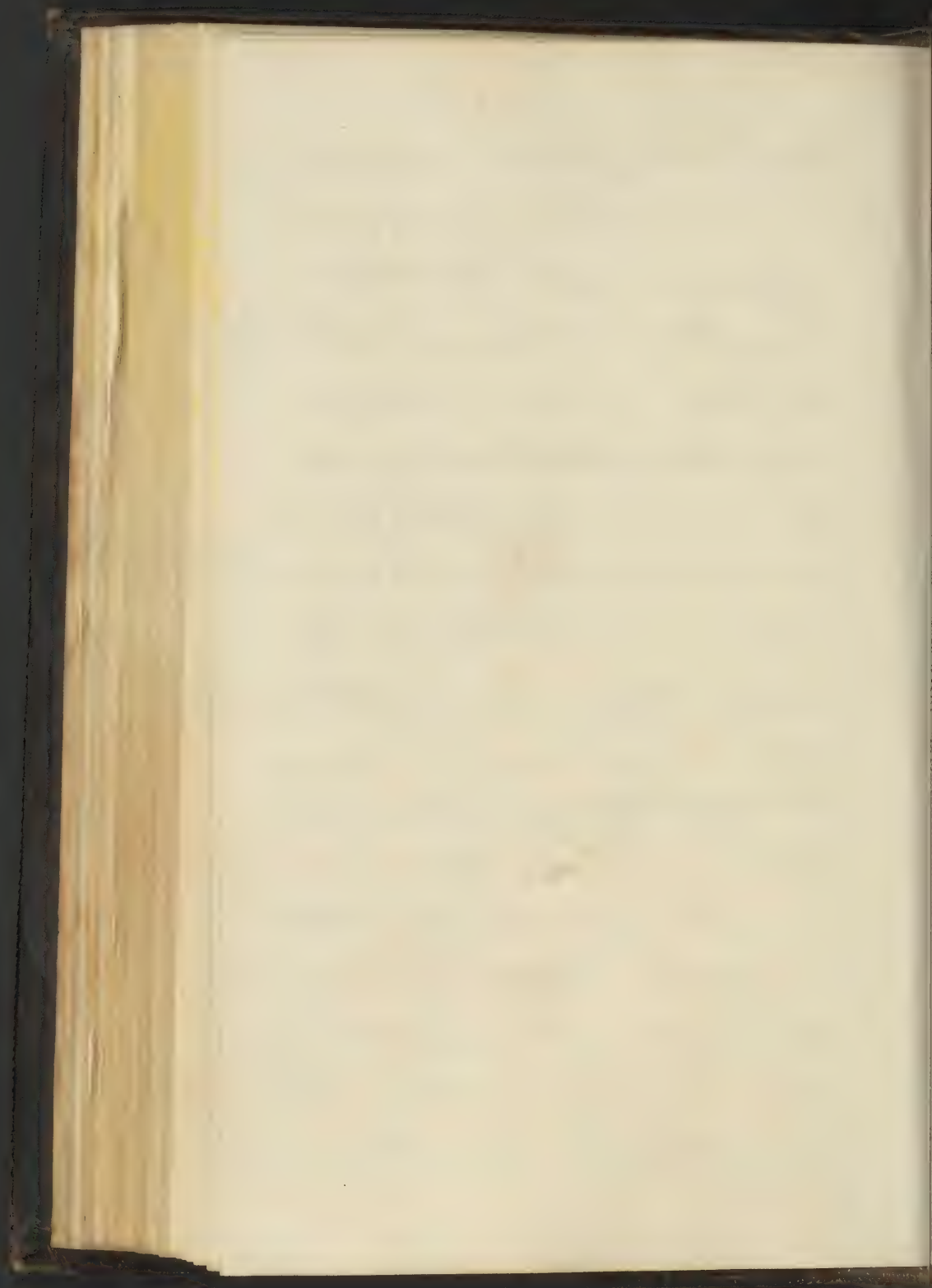
from the water. They frequently in-
crease the water existing in
the space within the gape - which marks
the nature of the disease and extends
from the lower sources to the higher
often with sickness and vomiting
as a function of the Intestine. Then
on some times ultimately expelled by
the water - but if once they lodge -
they gradually accumulate and accu-
mulate themselves to the part - parti-
cularly if the morbid part of the intes-
tine - forming a tumor in process
but they may be primarily formed in the
water without having come from the
liver or bladder - an extraneous ha-
p - of the middle of the leaf - has for-
med a nucleus around which the water



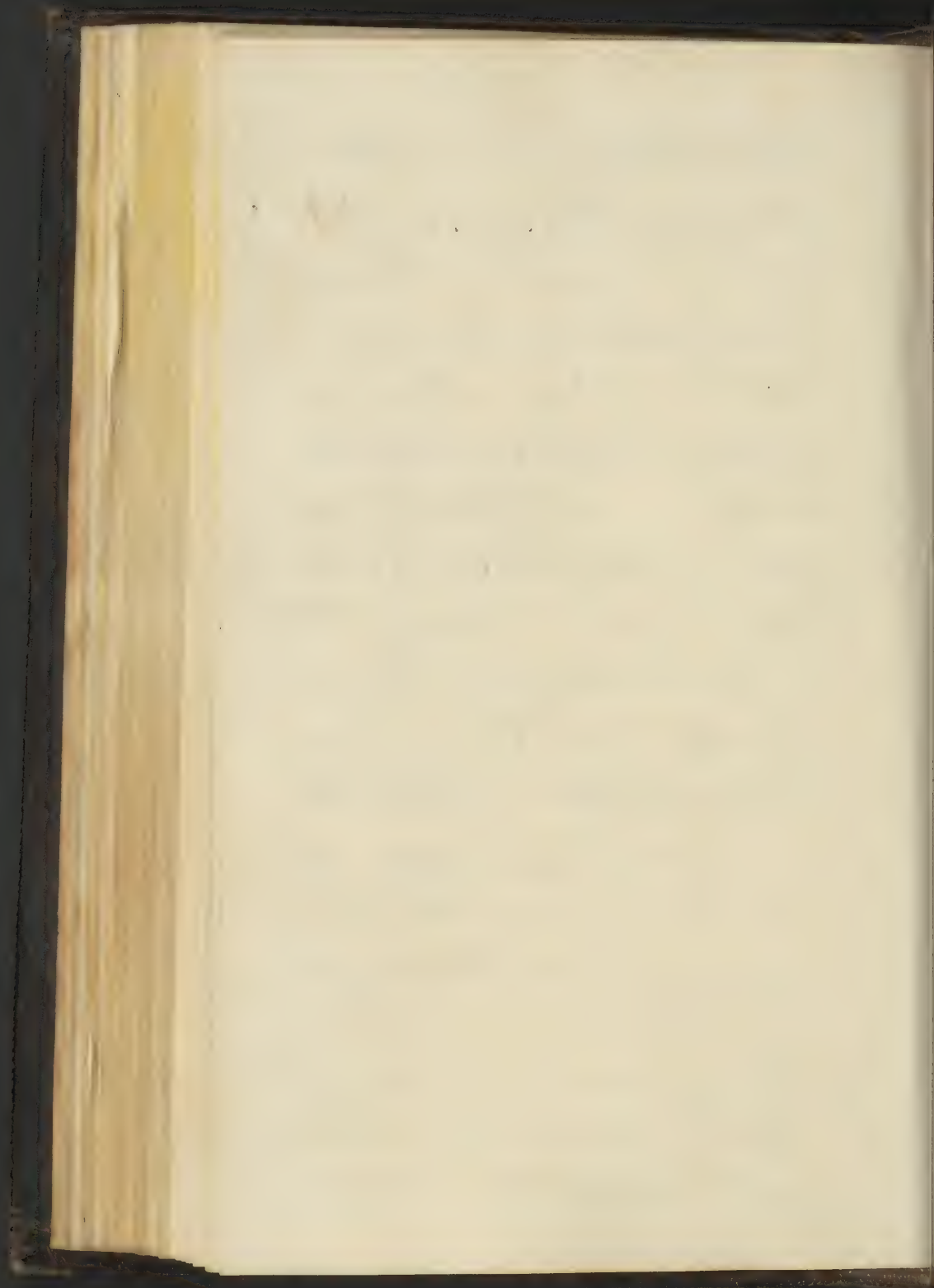
matter has collected. - At times there
has been in which a piece of stick
forms another faceted in the ur.
then - but the patient was able to
pass the with great difficulty -
collected in the bladder - in size
the extent of form and number
sometimes single at others numerous
some small others irregular - and
rather molluscous. - At times they are
enclosed in a cyst - when it becomes in-
capable to introduce the finger into the
rectum to detect and push it forward
that you may be enabled to extract it
completely with the forceps. - Some-
times there has been found in the bladder
a collection of coagulable lymphatic
matter mixed with blood and water -



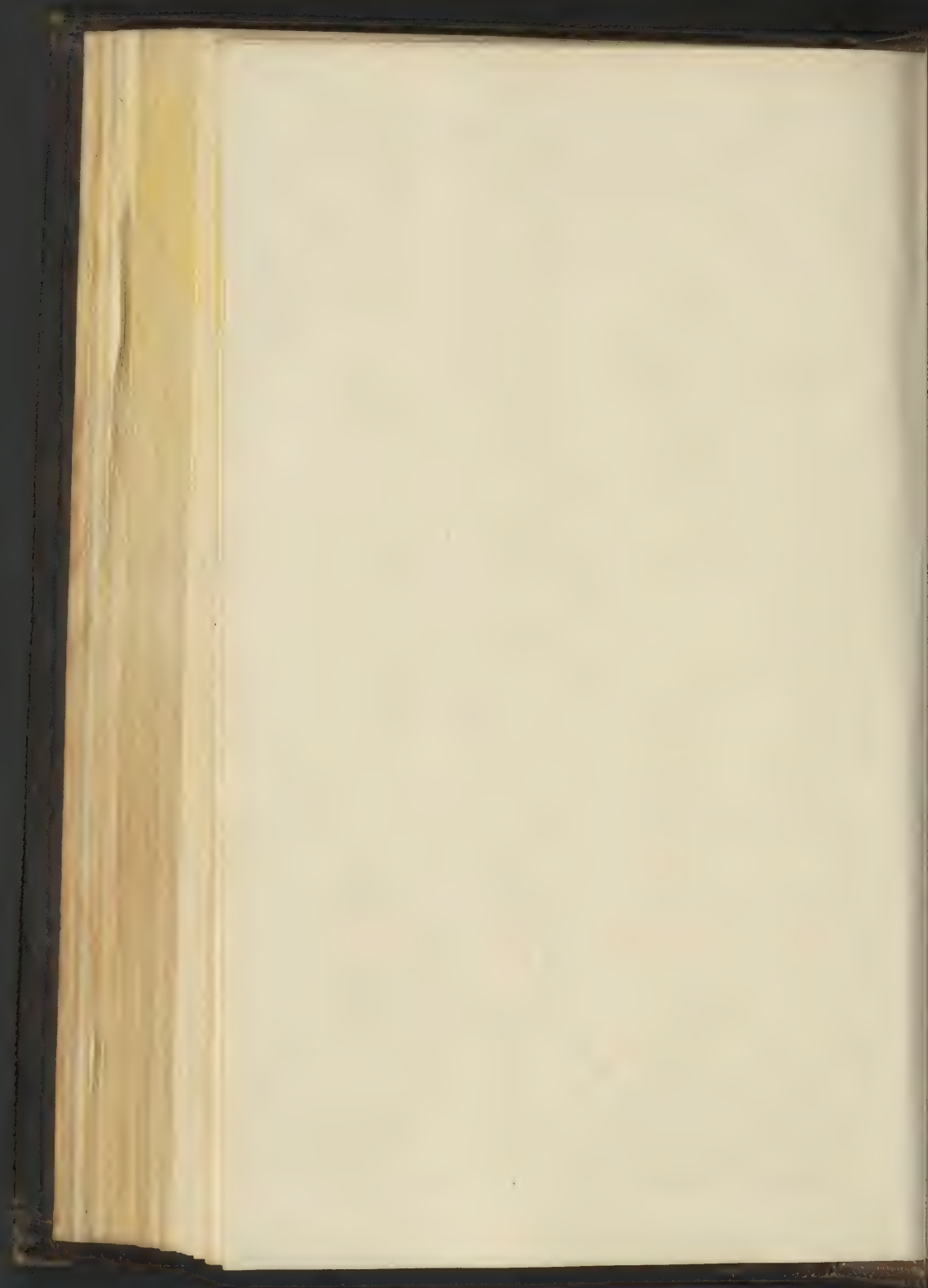
part of each of the particles nearly filling
it - when the hair is up and very much
enlarged - having the appearance of
a very fine wire with thousands of other
substances - in my opinion -
being that is - affection to the stomach
in some cases so great as to produce
most instant death. - In some cases
only very much the largest and
hardest - When removed - extracted by
the patient's power - was from a man in
St. Thomas Hospital - a patient of the
fever - and weighed thirteen ounces
and a half - it would only be extracted
in a very long time - being too large in any
other direction for the canal of the uterine
neck - They have all a laminar
surface texture but different colors



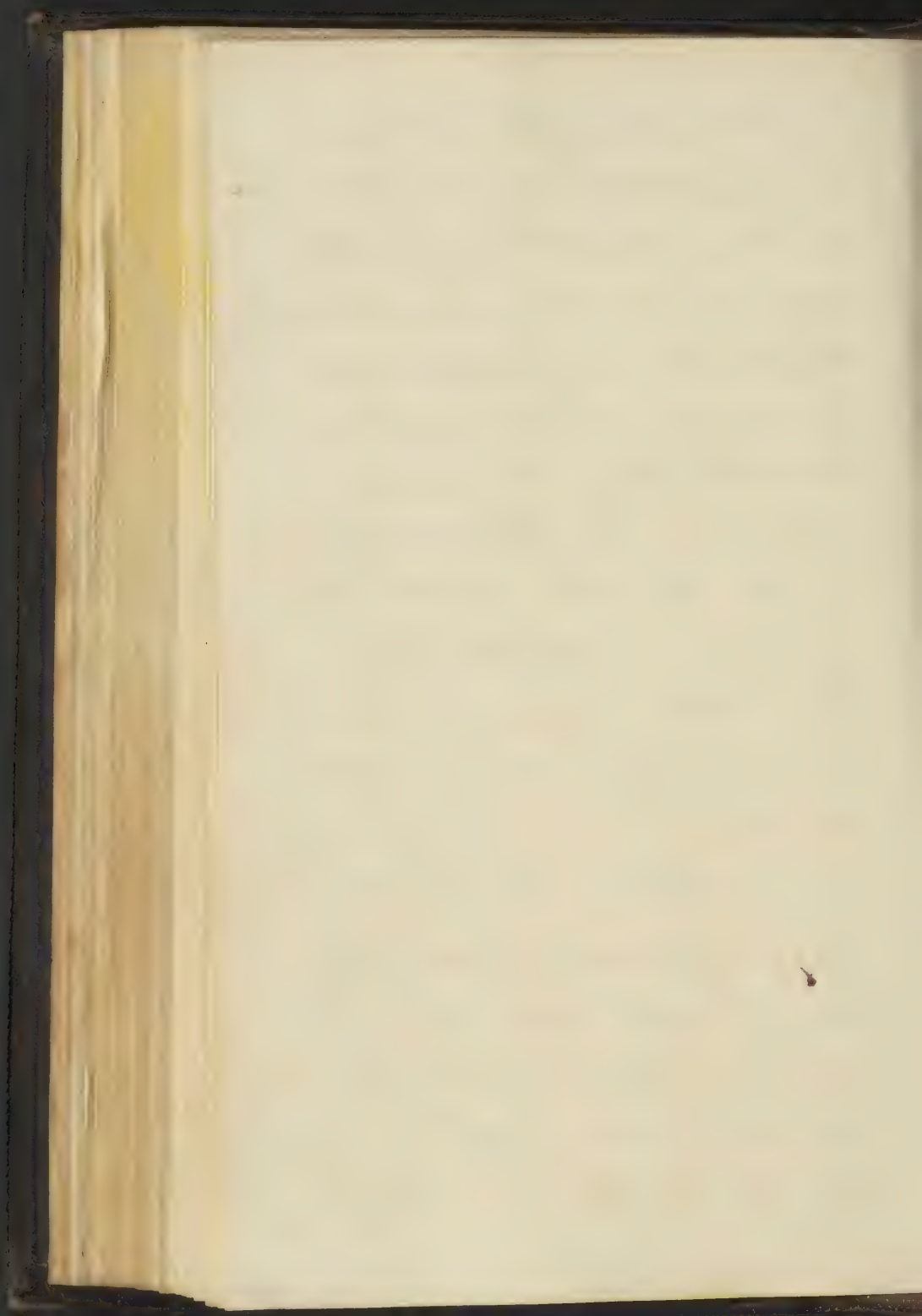
and supporting - then all that portion
after passing the body may - Miller
in some instances - Some are
forms of chalk round the middle,
which from breaking and thus occurs
very deep, are very unsuitable for the
operation - M.C. thinks this soft,
soft is owing to the exhibition of oil,
having having in some measure altered
the nature of the deposit - They grow
only suffer much less pain because
the external surface is smooth - but
they increase equally quick in vital
- I must be has found this the case
in operating, - one who has long to
be - Abolition remains in top pit
for the operation - principally from
the change of structure in the bone
and its necessity breaking a structure -



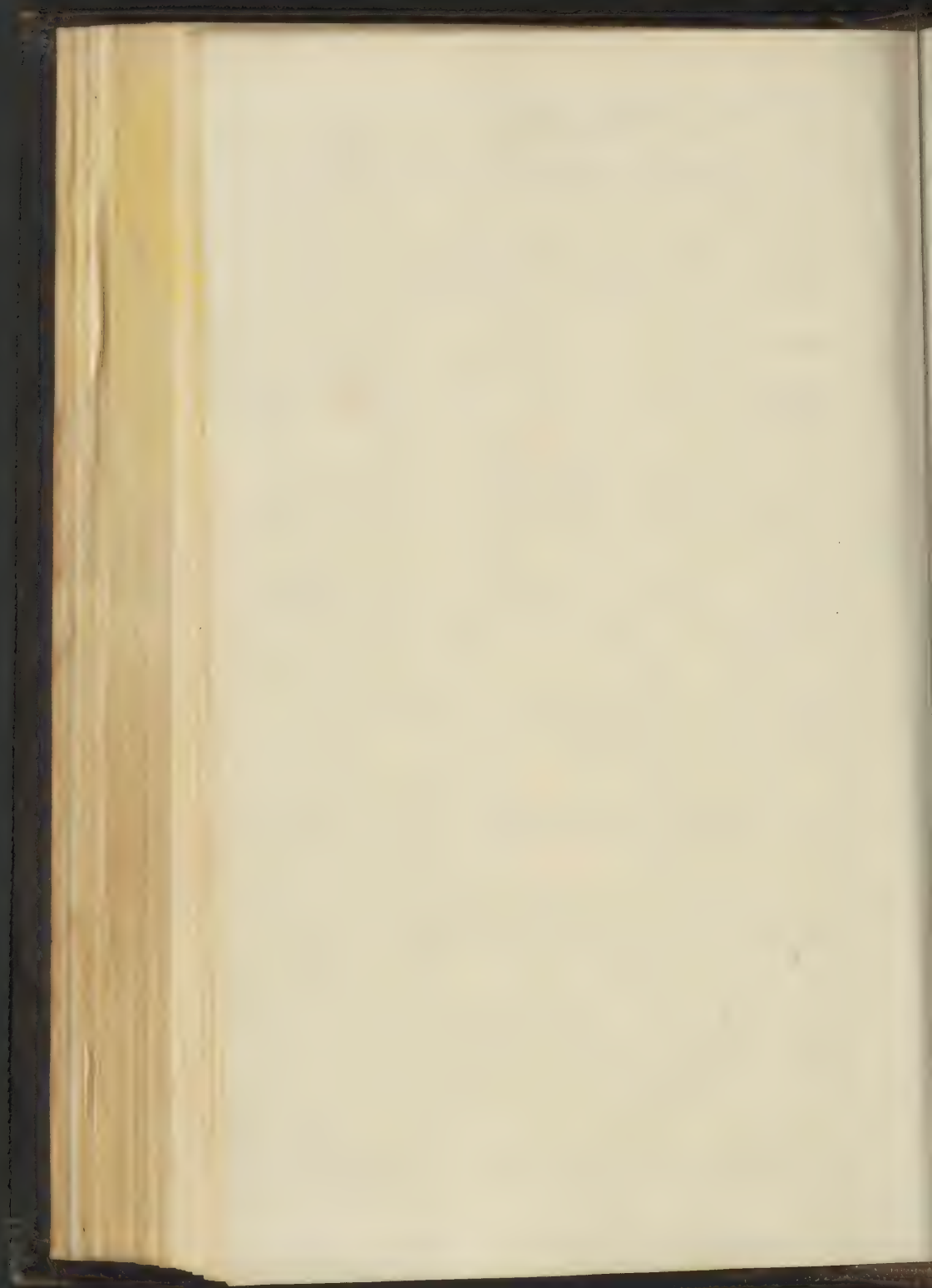
the skin, the lower part being
marked with a brown line
of yellowish color - the upper part
being white as at first. - and
it soon was perfectly separated
off owing to the change of heat.
I found in the bladder some irregular
interruption in the passage of urine some
times always as soon as the water was
let off with a sharp ^{pain} at the end of the ure
there was no movement of the penis some
times very intense. In the afternoon
which they are constantly putting the
paper forward - which becomes longer
and forms a natural Symptom -
to void their urine the patient's place
the hands with their knees bent and
bodies forward in which position it
flows without pain till the last drop is



about to be discharged. They also
feel a very frequent desire to urinate in
the night. At intervals there is much in the
drop. They gradually grow weaker &
thinner - and becoming at length
very much weaker as many authors
have observed in the progress of
menstrual cases. From the constant
loss of the blood at the end of the blood
the patient is much distressed. -
The treatment consists in the Administration
of iron - which is discharged in the small
quantities of blood - if the blood be very
weak and the disease have not lasted long.
When the symptoms have become greatly
aggravated you cannot be certain there
is a Stone - this runs so frequently as
in other diseases - as of the Prostate
Gland many have been known to

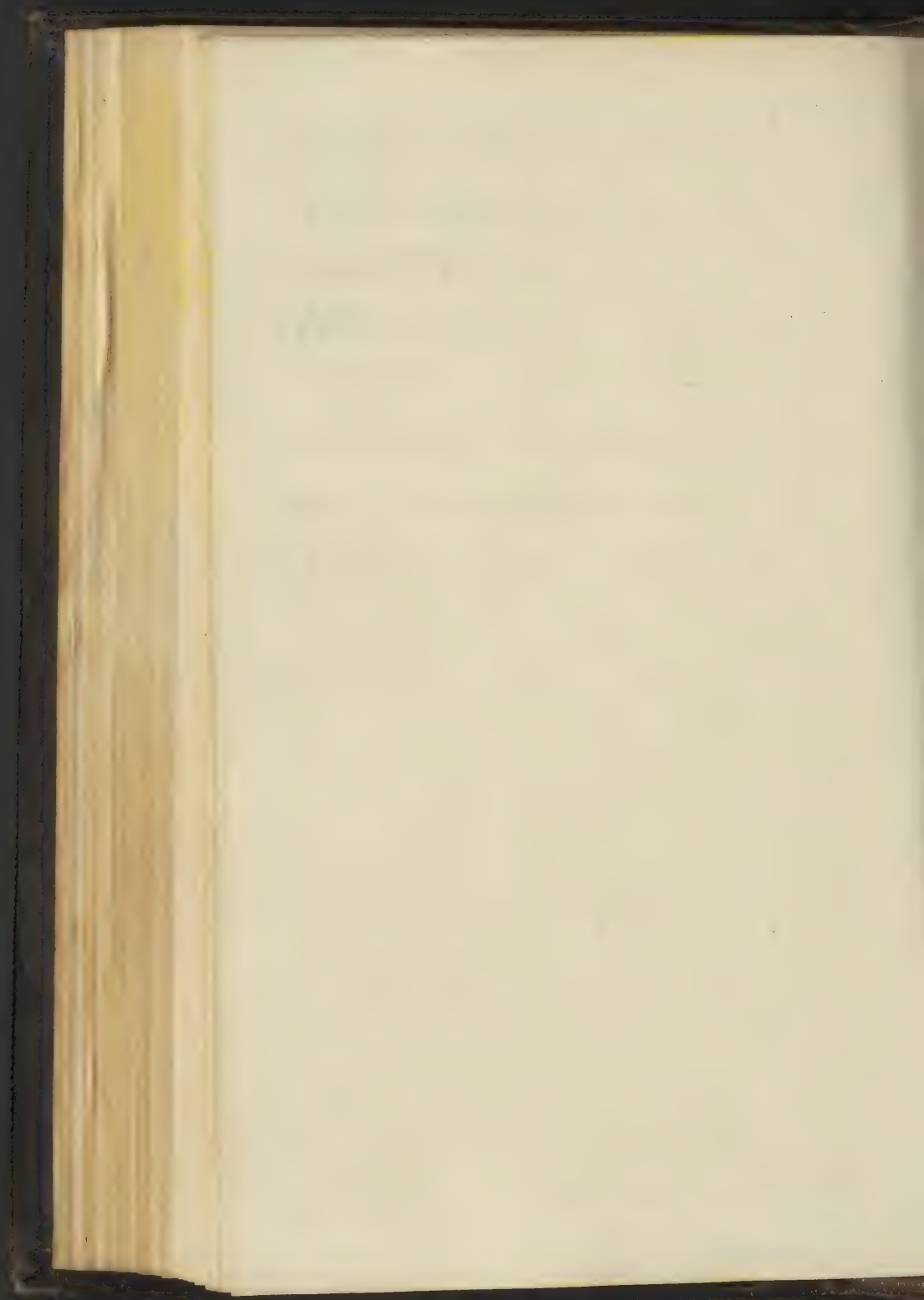


the operation of this cure, and when
in justifying it suddenly, you feel there
is a shock against something - you may
be sure it is a stone. - The next time
when in a particular situation difficult,
to find one - as on one side of the prostate
Gland - or it may be present in a cavity at
one time but not at another - that con-
fess you can feel it at the time of operating
never perform it. - When the bladder
is distended it is sometimes better to use
a catheter than a sound - as the risk of
tearing of the bladder. This time will be brought
to its neck and many of course become in-
cubity felt. - This is no other remedy
than an operation for this disease. -
W.C. is fully of opinion there is no such
thing as a solvent - or the contrary dur-
ing their exhibition - superfluous pro-

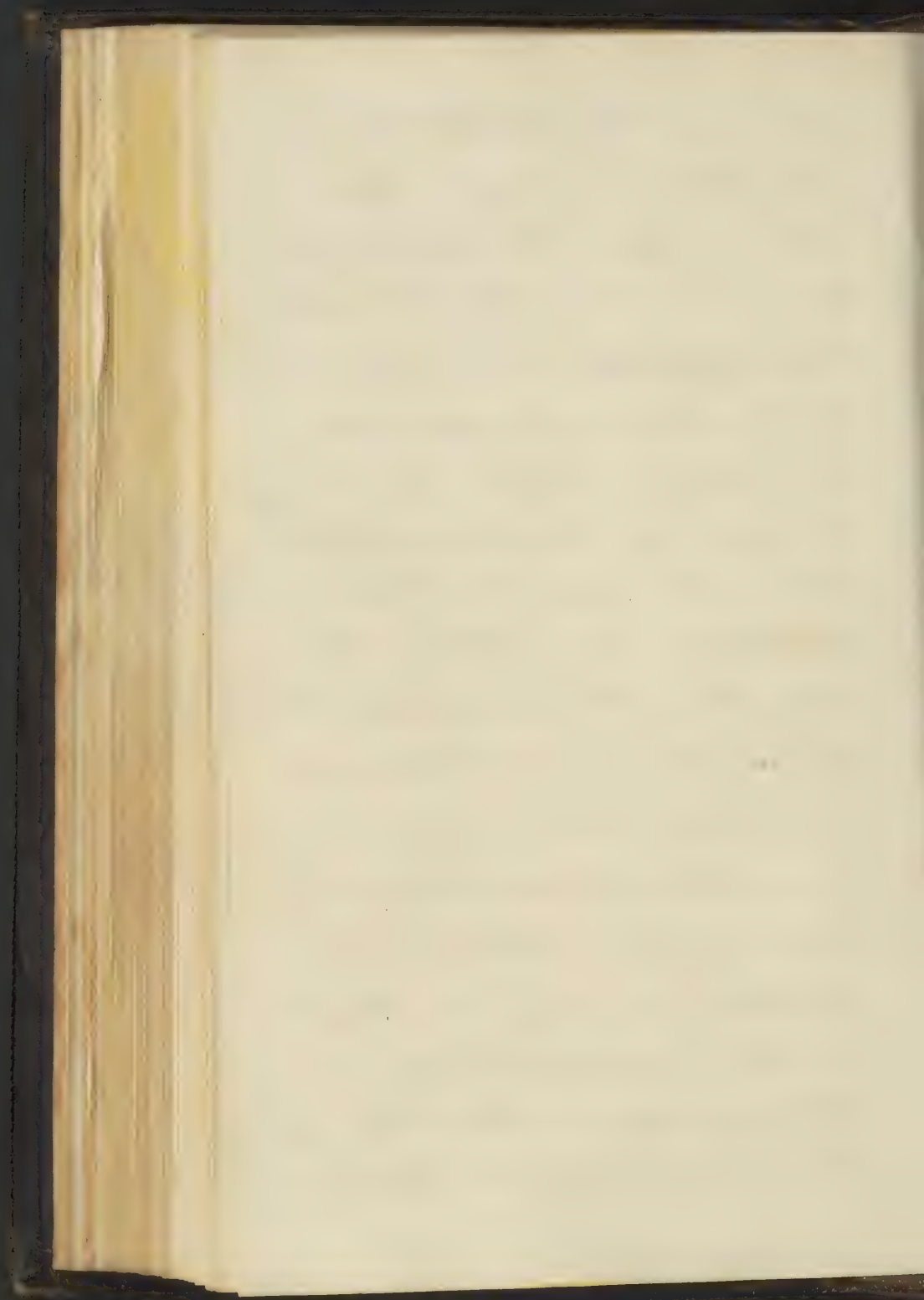


during Solution - Hysteria is actually
increasing in Size as quick as it was
the very solution during the routine.
name of Alkalies is of a separate Tex-
ture - Purgatives should be taken
the day before the operation - and in some
cases previous to its performance an En-
ema should be given to empty the Rectum.

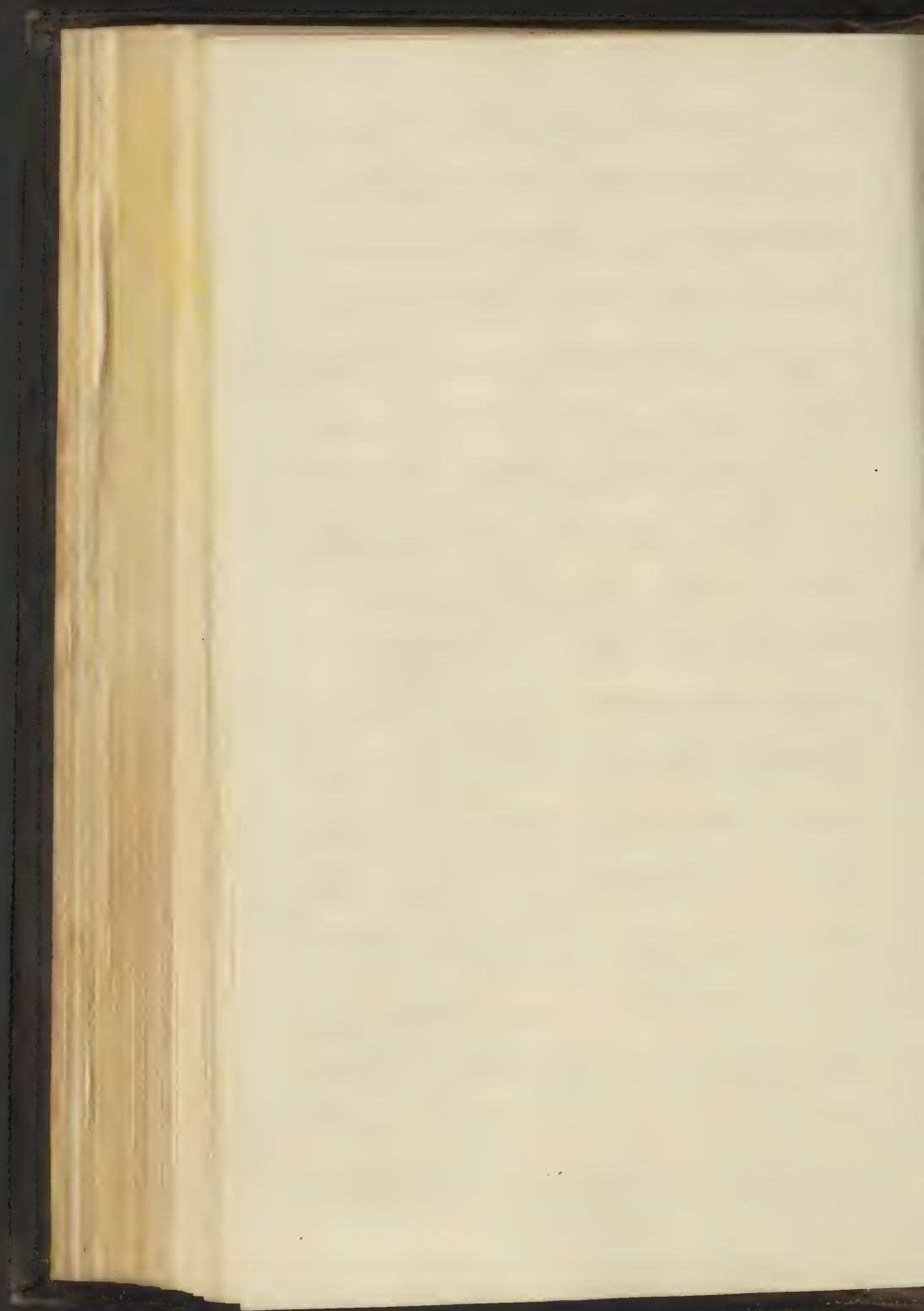
In performing this operation after
previously securing the patient's hands & feet,
you take the usual manner - you
first introduce the Staff which is a force
with a groove on its convex side - and after
placing it in the proper situation you pro-
ceed to the first house of an assistant - the
the occurrence. Scalpel, proceed to make
the first incision in the perineum - begin-
ning it opposite the upper part of the arch
of the Penis - and continuing it obliquely



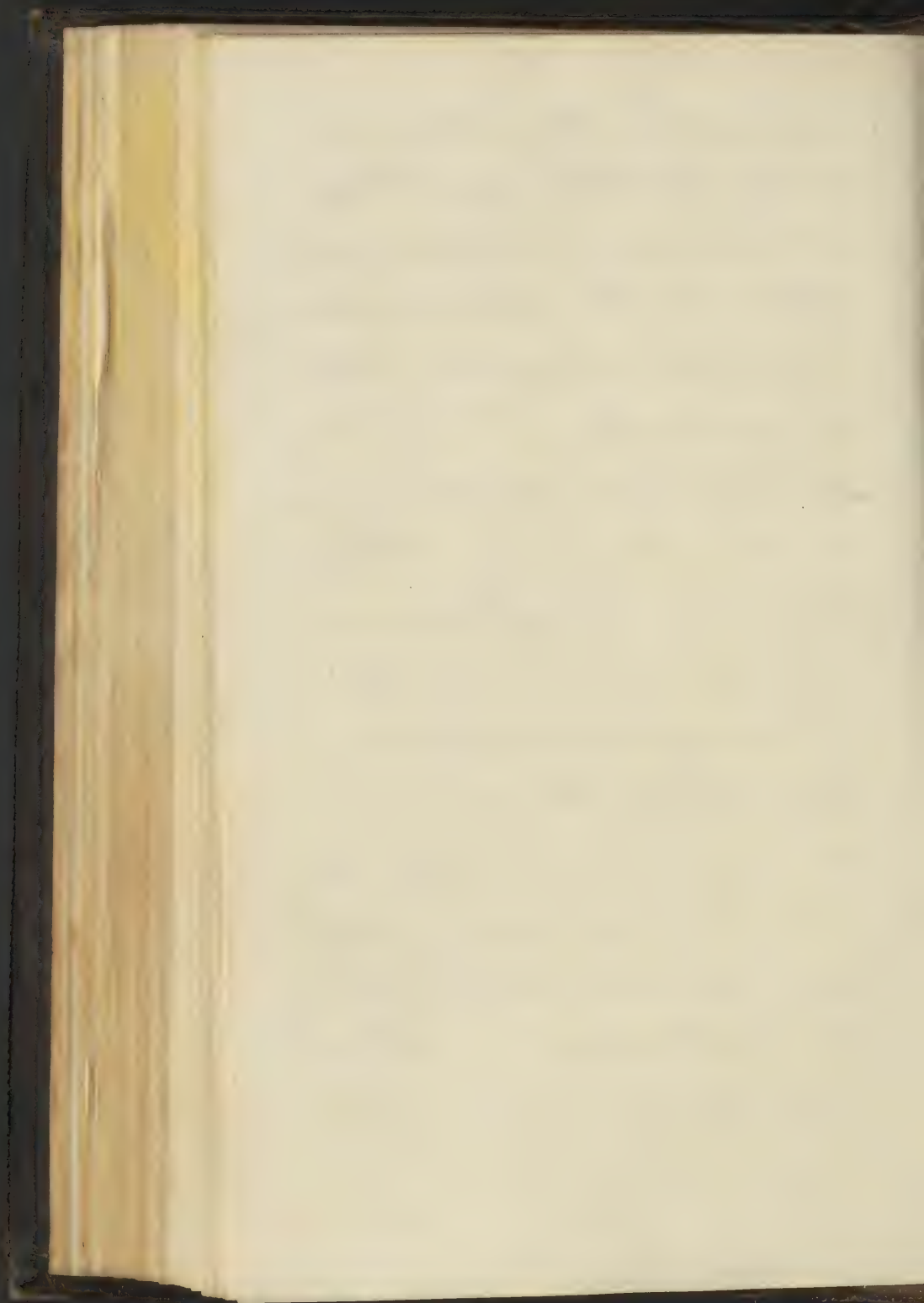
inwards to the center part of the arms
on the left side - making it appear
by the cutting down the center
line which must be 1/2 inch between the
the Bill of the weather and Wind-Pois - then
the Hammerhead part of the weather -
to the gore in the stiff - when taking
the weather as a direction to the back of the
gore - when by raising the handle
of the stiff yourself and at the same time
pushing forward the gore - you divide the
weather glance and enter the Hammer into
position fast - when you must allow
to remain till the fores are introduced
by sliding and - Then you will di-
vide the fores and enter but a little step
upon the tanner of Behim and
effectually suppress all Hammer -
The places of the fores should be proper -



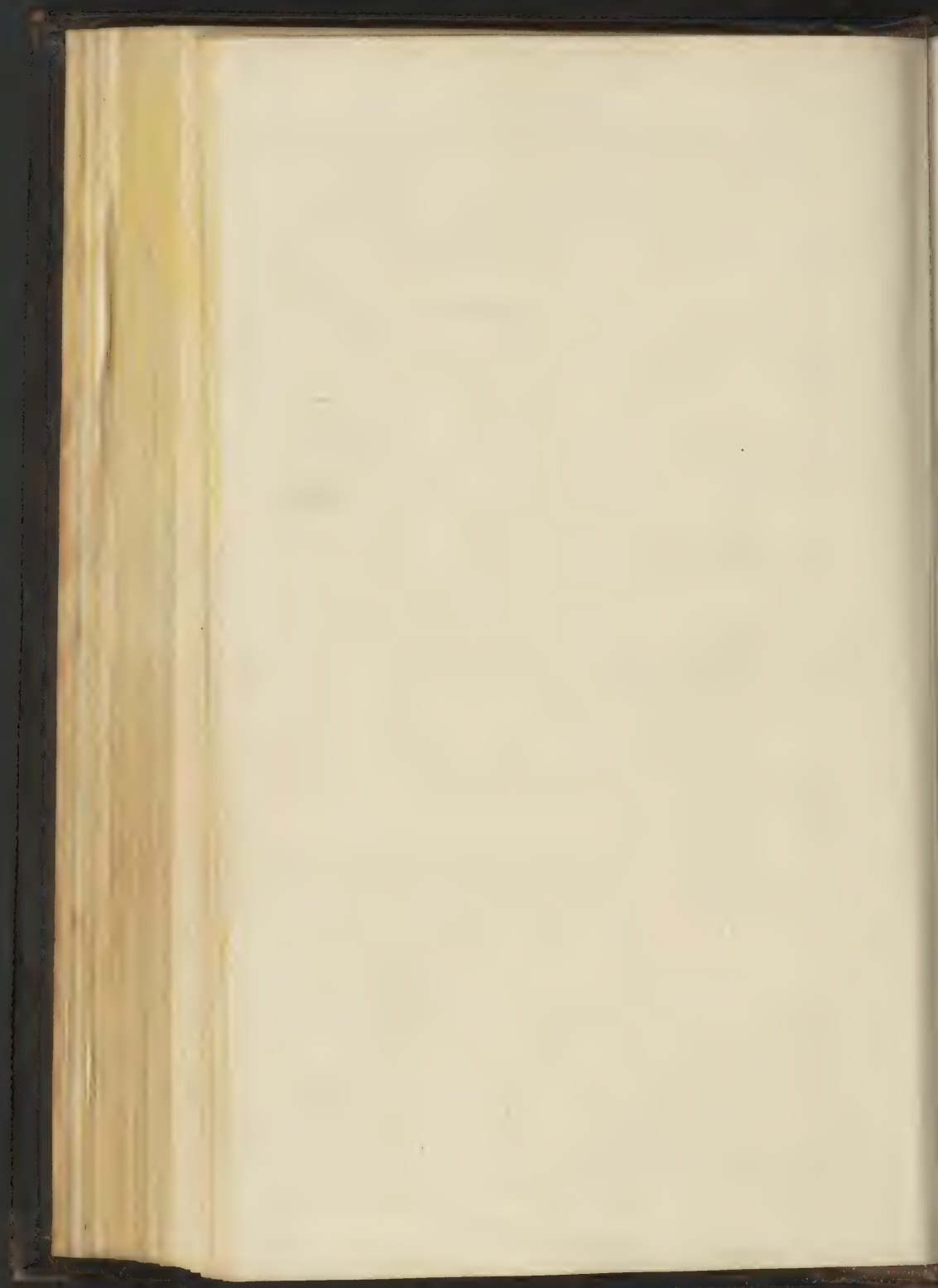
Once the sign of the Patient is put
along with each from the back of the pen-
like the portion of the bladder in an
adult from 4 to 5 inches - in
young subjects sometimes only 2 or 3
if in grasping the stem the point is not
exactly under the symphysis their moti-
on would be imperfect - the blades are than
drawn exactly of the same size or
length by hand from directly from
the separation of the handles the size of
the stones - they should be well curved and
large on the inside - they would slip
circumstances to be in a good position
then you have some bit of the stem
under the thumb - and with the supposing
of slipping just your point to be
to the upper incision, part of the motion
is situated directly upon the centre line



As you sit on the bank regard to the
current and keep the point of your keel
upstream you will be in danger of run-
ning into it - but with these cautions
unless the current being much disturbed
you will avoid it. - The blunt
gorge is nearly as true the point is
flank very unacceptably. - St. Lazar
Nelson's river - upstream and only
on one side - a great disadvantage -
as the current is carried in a transverse
direction between the banks. This
is caused by having it more flat,
and the bank on one side. - At the
point is flat out on both sides and the
bank in the middle. - When the
floods rise on your side and the point
make use of at least Gorge without a

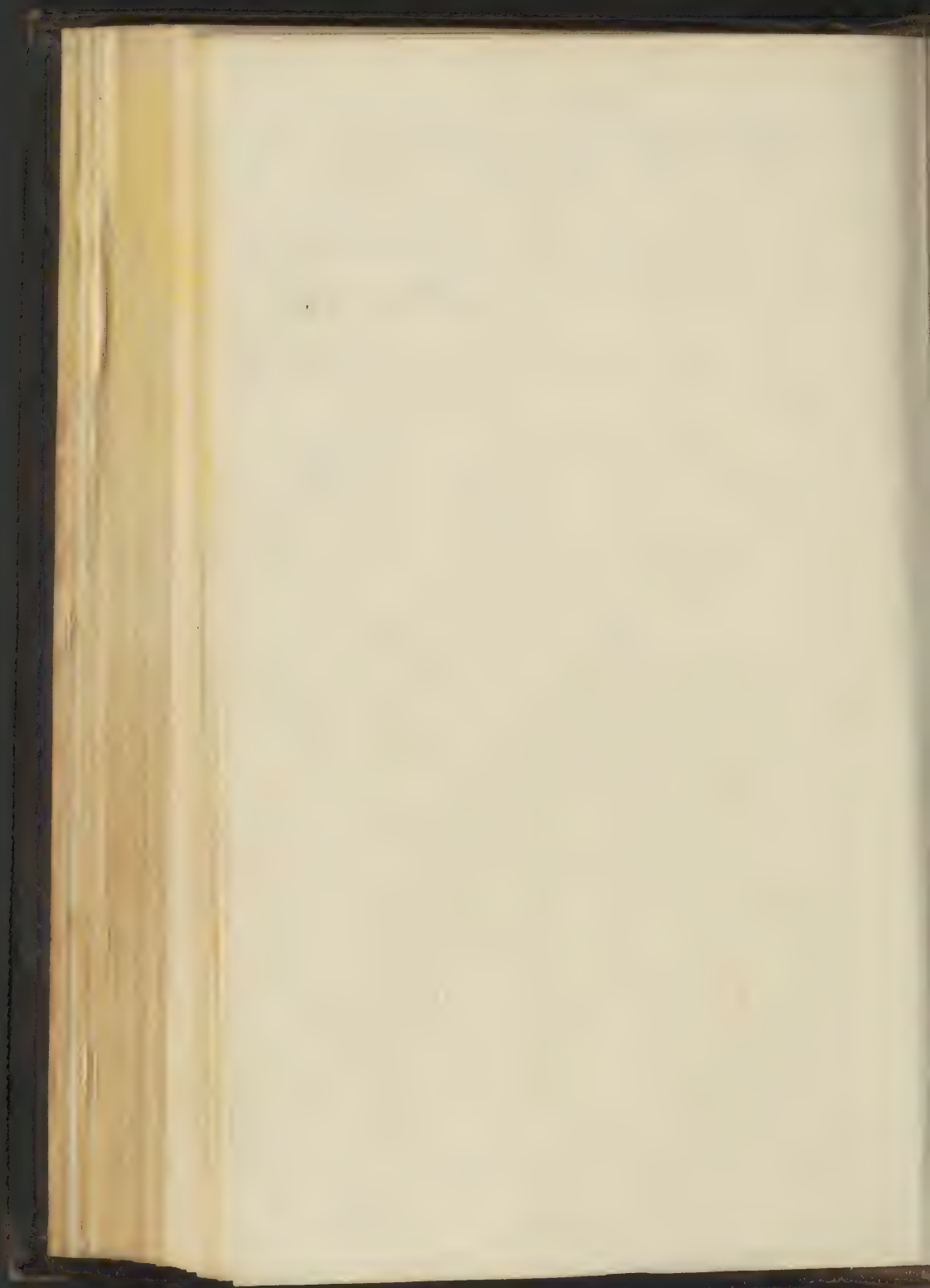


hook and your finger - as a director -
A pair of Forceps are necessary for
the extraction of any small stones - &
in cases of disease, prostatic or deformi-
ties with the stone above its being a
very fine may be exigent - When
the stone is very large and there is a thick
coat of the bladder - use a pair
of forceps like those in Widows with
two separate blades sliding upon and
readily locking in with each other - as
by introducing one on each side of the
stone it may easily be removed and with-
out the violence which the other would oc-
casion. - When the bladder is large and
the stone small particularly in females -
a crooked and a saw finger - - As a
hook is necessary to draw out all frag-
ments when the stone happens to be broken



Operation at the bladder. As the bladder
may be enlarged in various ways, always
be careful to feel it distinctly before the
operation is begun. The catheter
be inserted as high as that the point of the
patient may be even with the greater
bowl: immediately on having the stop
properly placed, that when it is pushed back into
the house of the prostate it may not slip
out of the bladder. The incision must
be made from opposite the neck of the prostate
between the left ureter and the vas deferens. The
first cut being from the arm to the ureter
which must be cut this thus exposing the
ureter and a part of the prostate. Care
of which must then be made directly to the
stop, the knife being kept thus till the
prostate is introduced* when on the bladder it
must be retained thus till the prope and
urider is exposed. But before you expose
them always feel for the stone when you have
lots of it introduce your finger between
the bladder to ascertain whether there is a stone
with the position for extraction. If of large size
you may easily know it is a stone.

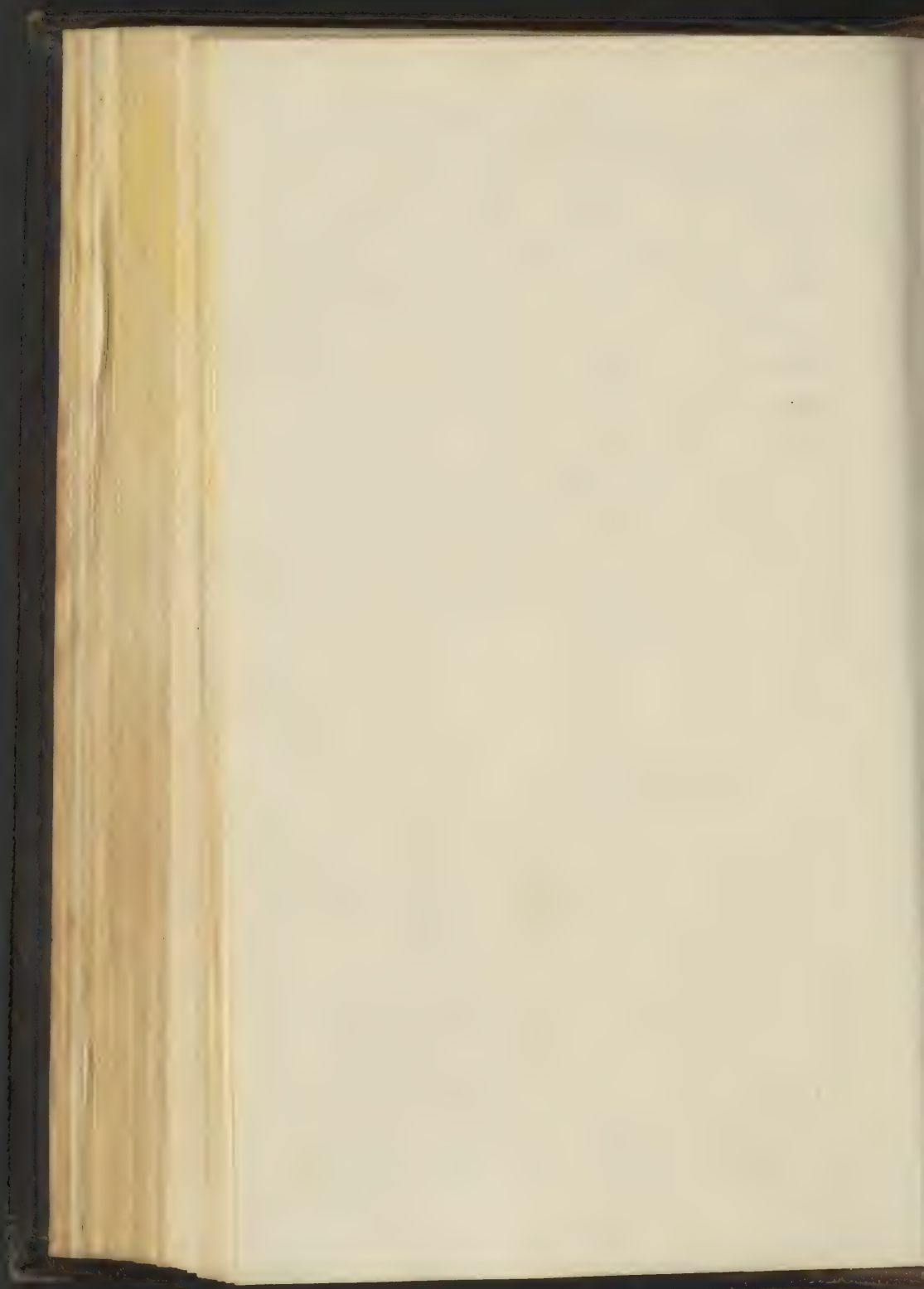
* You put your finger between the prostate and the bladder
the stone will be felt between the prostate and the bladder.



The operation performed on a Harrowbury eye,
purposely by Professor Macdonald, performed on
the eye of the patient, the patient must be
put to bed, day and night, the usual
dressing being, washing with
and eye lotion, particularly to the
Harrowbury, sometimes in a soft
cloth of light in the antiphlogistic plan,
but if there has been a fistula, opening it
has occurred after the operation when there
was no more of fistula. The operation
may be performed at any age. The line has
been performed at an early age, at 20 years of age,
at 30 years of age.

Incurism

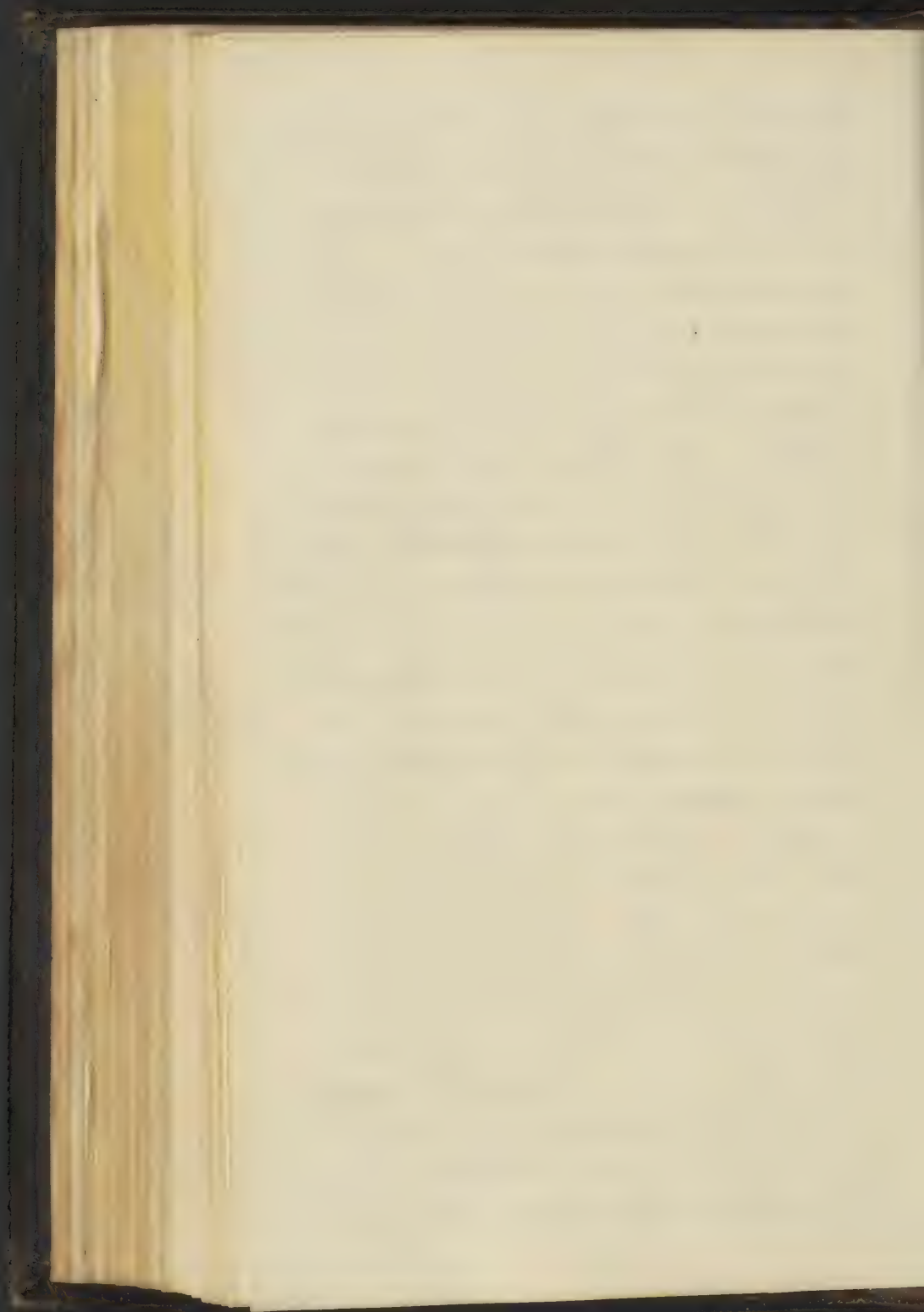
Incurism is a disease to which the feet
and its branches are particularly subject:
but when situated in large vessels it
may be cured, it is only in
the internal branches a sufficient por-
tion of which can be laid bare to produce
sympathy, it may be cured, it may be cured, it may be cured,
the general taking care not to involve
any portion of the ganglion: London.



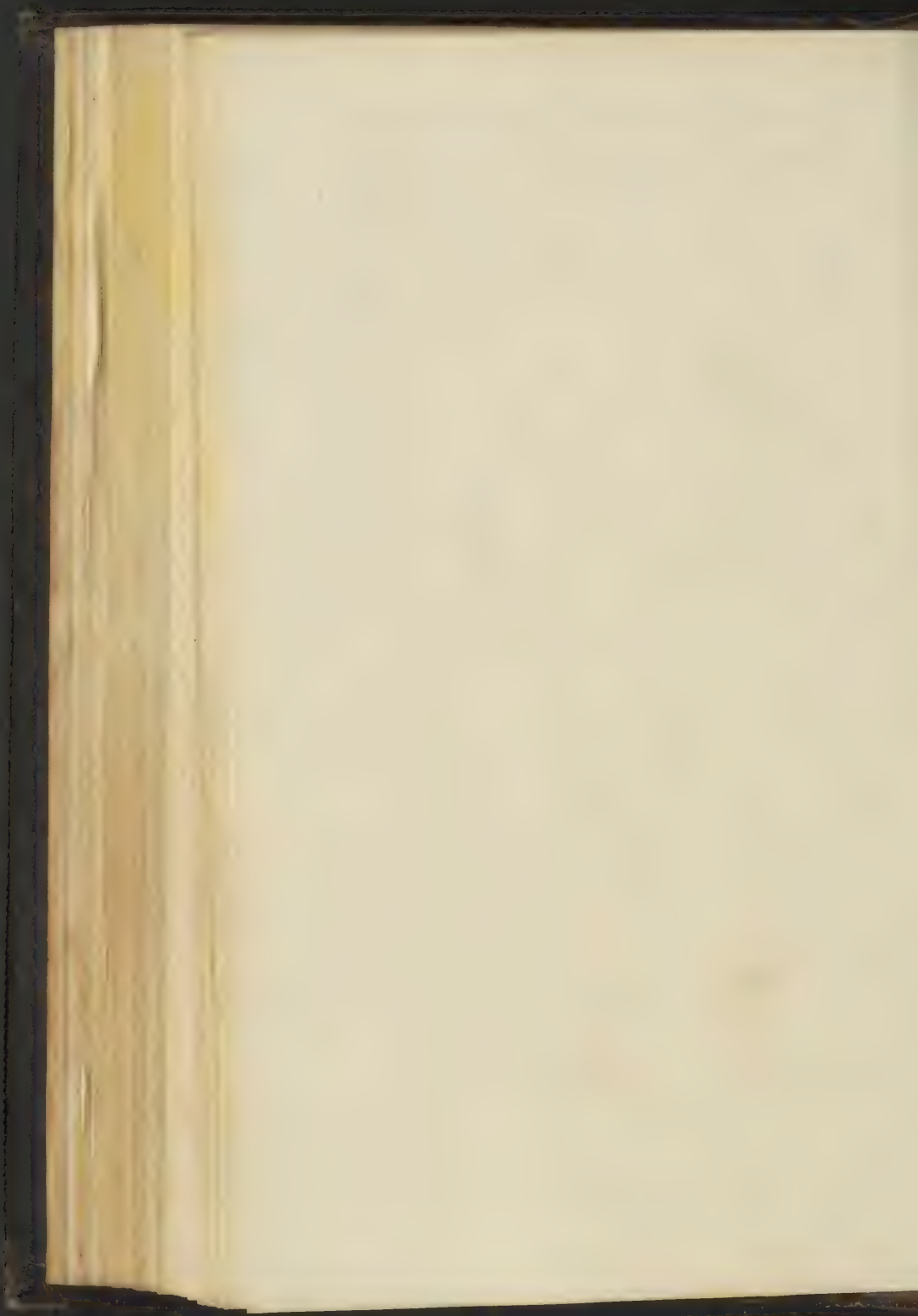
branches are very little subject to this
disease. The smallest vessel I ever
saw was the vena cava. It was some
the thumb. - An aneurism was gradually in-
creased in size till they burst, when the
patient dies from hemorrhage. - The
same operation is performed the great
a branch of the aorta. - It was to be the
constant practice to amputate the limb.
The disease, - but as the patients were al-
ways previously very much debilitated
these generally terminated fatally. - The
last was customary to open the sac and
the the artery above and below, but
in a disease of the sac was frequently in-
cluded of the ligature stopping the patient
but his life. - in a great deal of blood at
other from the anastomosing branches. -
Lastly it has been common to tie the artery
at a considerable distance from the sac
having it exposed - which has been done
either by a single or double ligature, or
even again by passing a piece of ribbon below
and round above the other sources com-
pletely in obliterating the artery with-
out the process of ulceration - pulsation
continues in the time of 7 or 10 days under
this first cure, absorption did not so much
take place, the integuments became purple

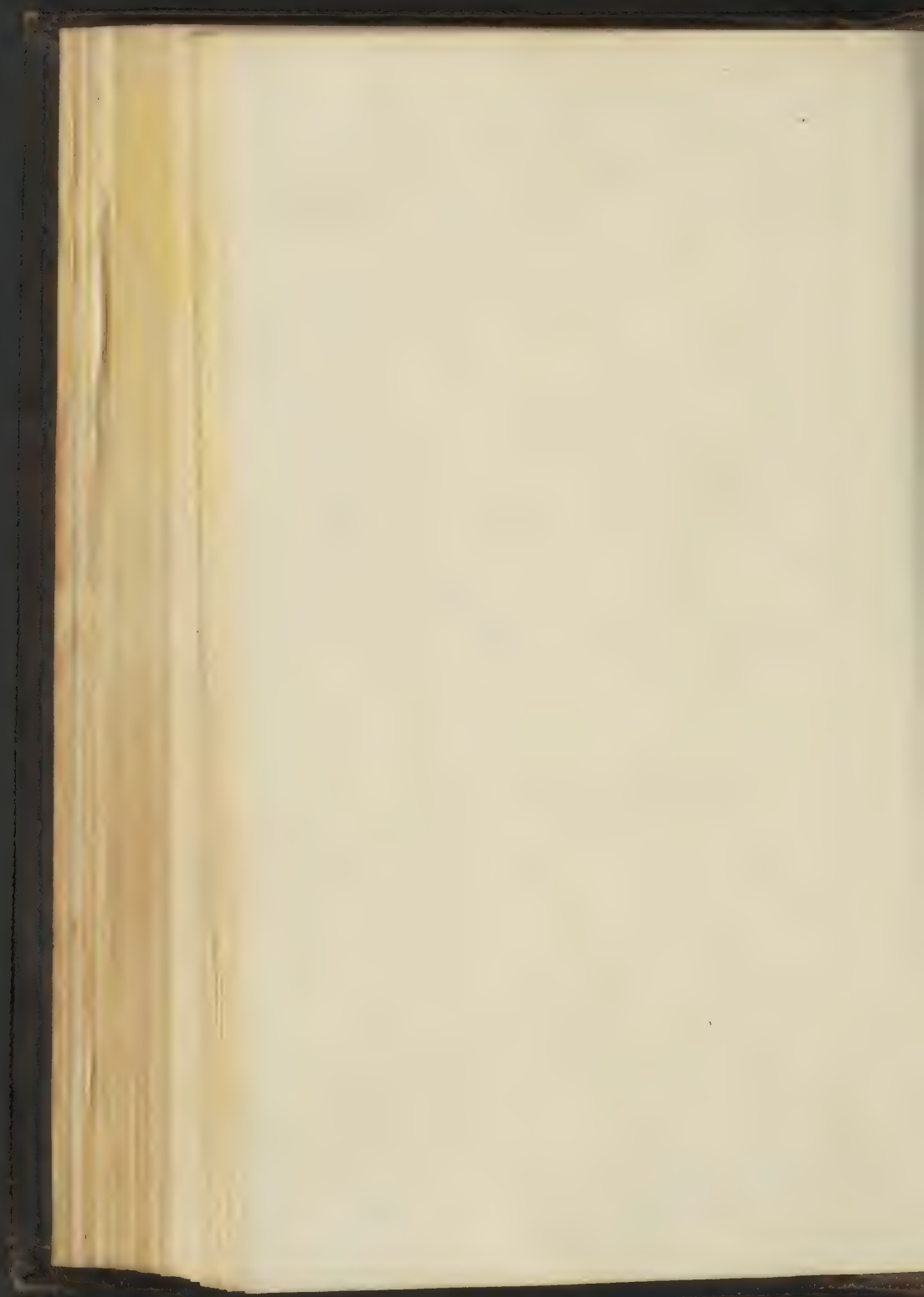


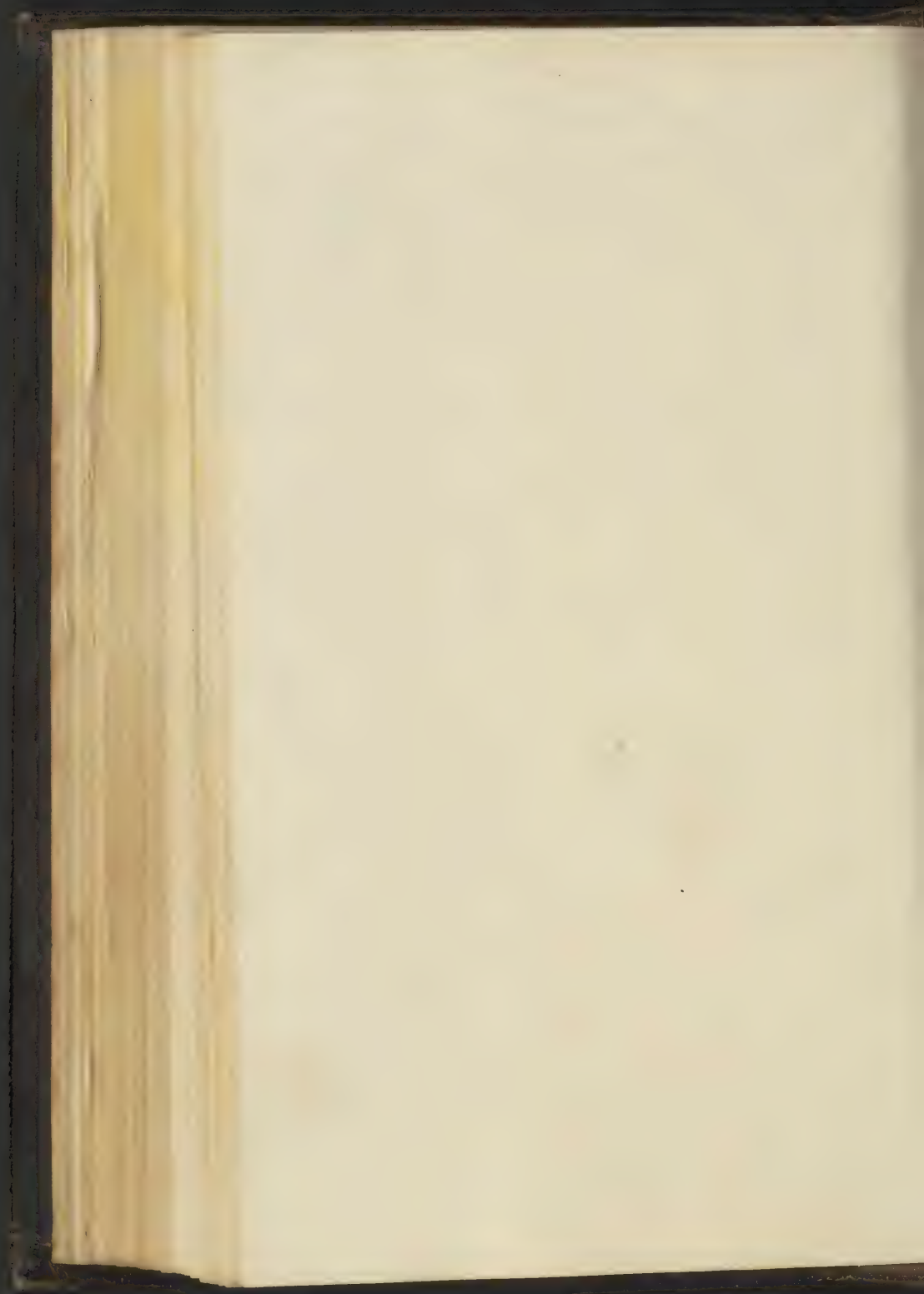
them is a lot of stentorosity with a discharge
of coagulable lymph from the artery; —
the patient is usually dead of inflammation
then with tubercles in the lungs. — This
shows that when proper operation the
artery is removed, with firm inflammation
about coagulable lymph on the internal
surface of the artery, and thus plug up the
cavity. — When this operation does not
succeed it is from inflammation taking place
before the arterial canal is obliterated; the
lymph is then above and below the obstructed
part and in case of the latter you might
succeed in saving the patient. — In making
a ligature upon an artery, now, as it can
when it is given off, as the pulsation is then
so strong that coagulable lymph cannot be
expelled in sufficient quantity to maintain
it — always rather tie it above when the
branch is given off. — But without denying
the disposition of an artery to contract is
not so, just — it is obliterated by the dis-
section and pressure of an artery. So
that whenever you wish to obliterate the
canal, put two ligatures round the artery
and cut between them. In very large
arteries the force of the blood is so strong as



[illegible]



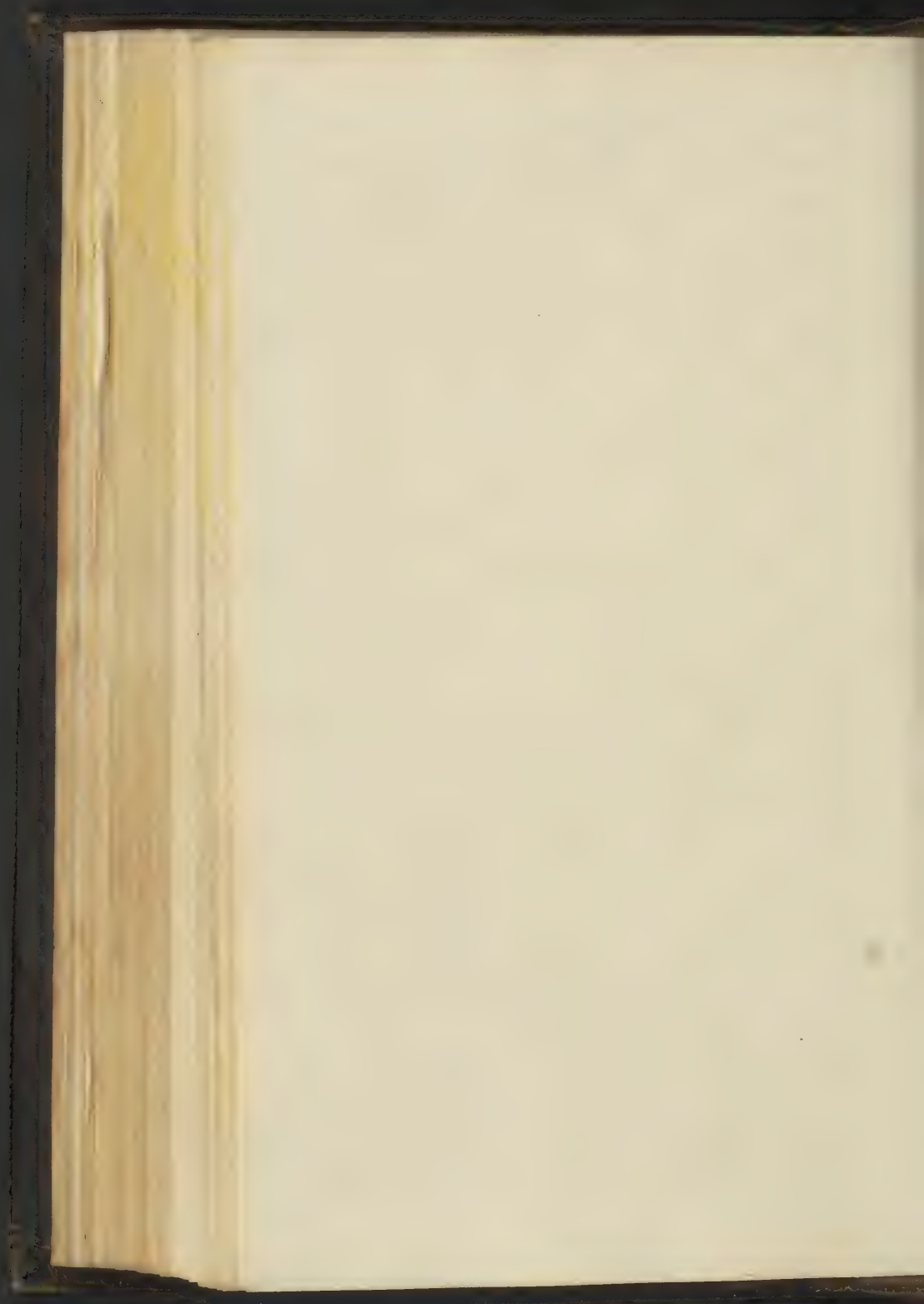




same as in the first case, but the
 general effect is different. — In the first case
 generally arises from some great external
 violence or confusion, fermentation and in-
 flammation, which affects not only the
 lungs, but the whole system. In the
 next instance, inflammation is always the
 first & mostly — In the third case, most of
 the inflammation arises spontaneously, as
 in the first — first burning, purple and then
 black discoloration being stopped — the rest
 of the body, — an invasion into it
 the inflammation of the part is removed, although the
 blood is still full — the patient generally dies
 before it reaches the brain — From great
 cold, drops and internal pain, delirium arises
 the inflammation is not in the brain, but in the
 lungs — it is a dry, acrid, fermentation
 and production of dark brown granules. We are
 not at all in this case, as the patient is in the
 convalescent — as the same degree of constitutional
 irritation still continuing, even mortifica-
 tion on the lungs, in the death of the patient.
 In the first case, the small vessels of the lungs
 are affected, and the great vessels are not. In the
 second case, the great vessels are not affected, but the
 small vessels are. In the third case, the small vessels
 are not affected, but the great vessels are. In the fourth
 case, the small vessels are not affected, but the great
 vessels are. In the fifth case, the small vessels are not
 affected, but the great vessels are. In the sixth case, the
 small vessels are not affected, but the great vessels are.

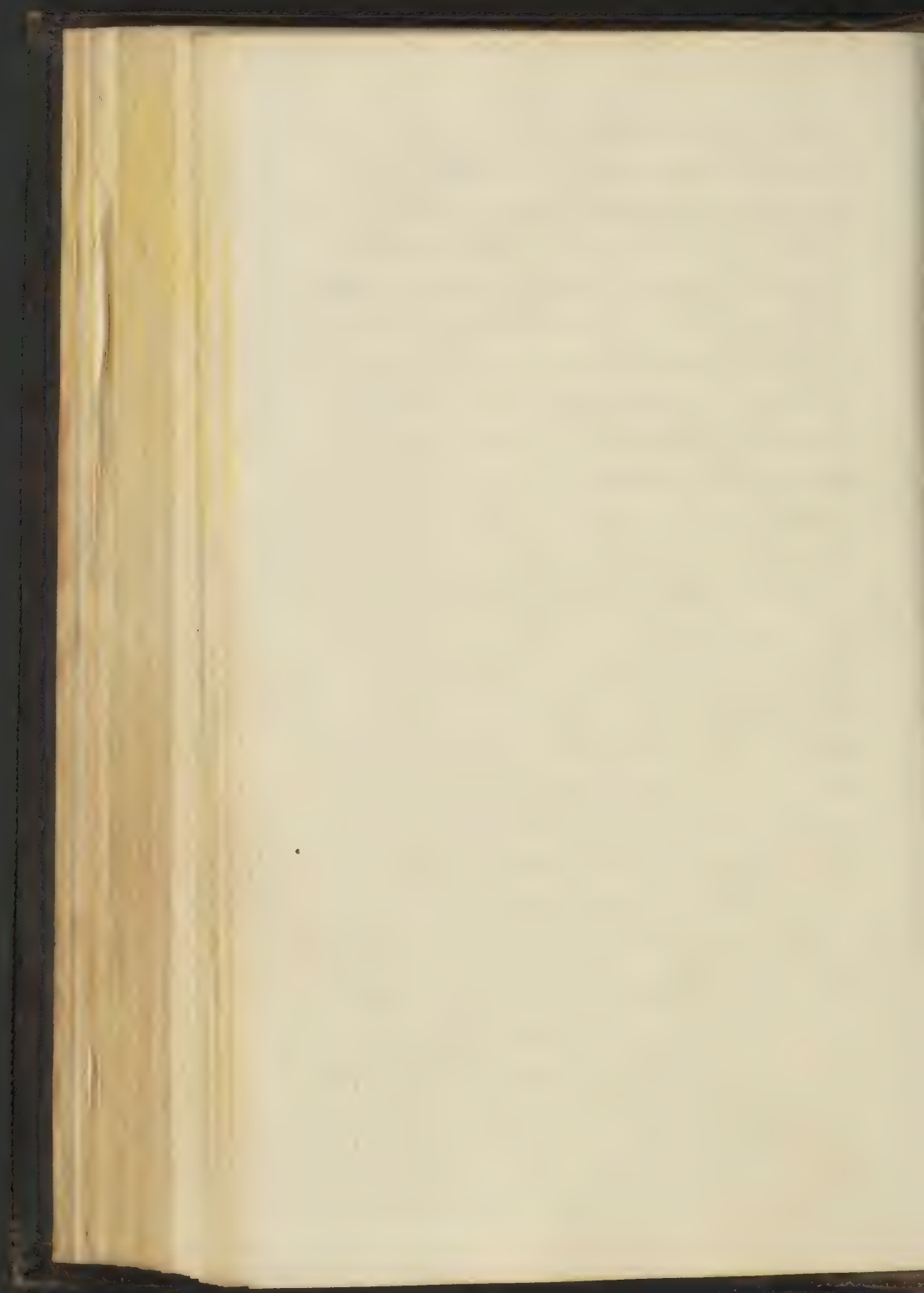


And thus making it a point to be
on the exposed surface in all parts of the
leg - a ligament is supposed to be
perforated in the small joints - but the
most extensive may be supposed to be
longer to cover the the surface of the bone
with integument - the small vessels are
to be situated in the whole of the cartilage -
and surface appears is that of the glenoid
cavity - The skin is very thin
is the most convenient when you have
not sufficient instruments - but when you
can always if you see the common stick
surround in the back - on the arm it
should be placed above the elbow on the
leg above the knee - the arm & the
wrist convenient - that the pressure on
the leg may easily be compressed at the joint
by the thumb as is completely to prevent
the passage of blood - the knife should have
a concave edge and be perpendicular to the
axis of the part as the arm or thigh - in cut-
ting it must always be done by raising
the edge from the handle to the point while
opposing the resistance to some pressure;
to divide the parts between the bone & Ca-
lvernia must be used - which is the right
two edged knife - moving it first back.

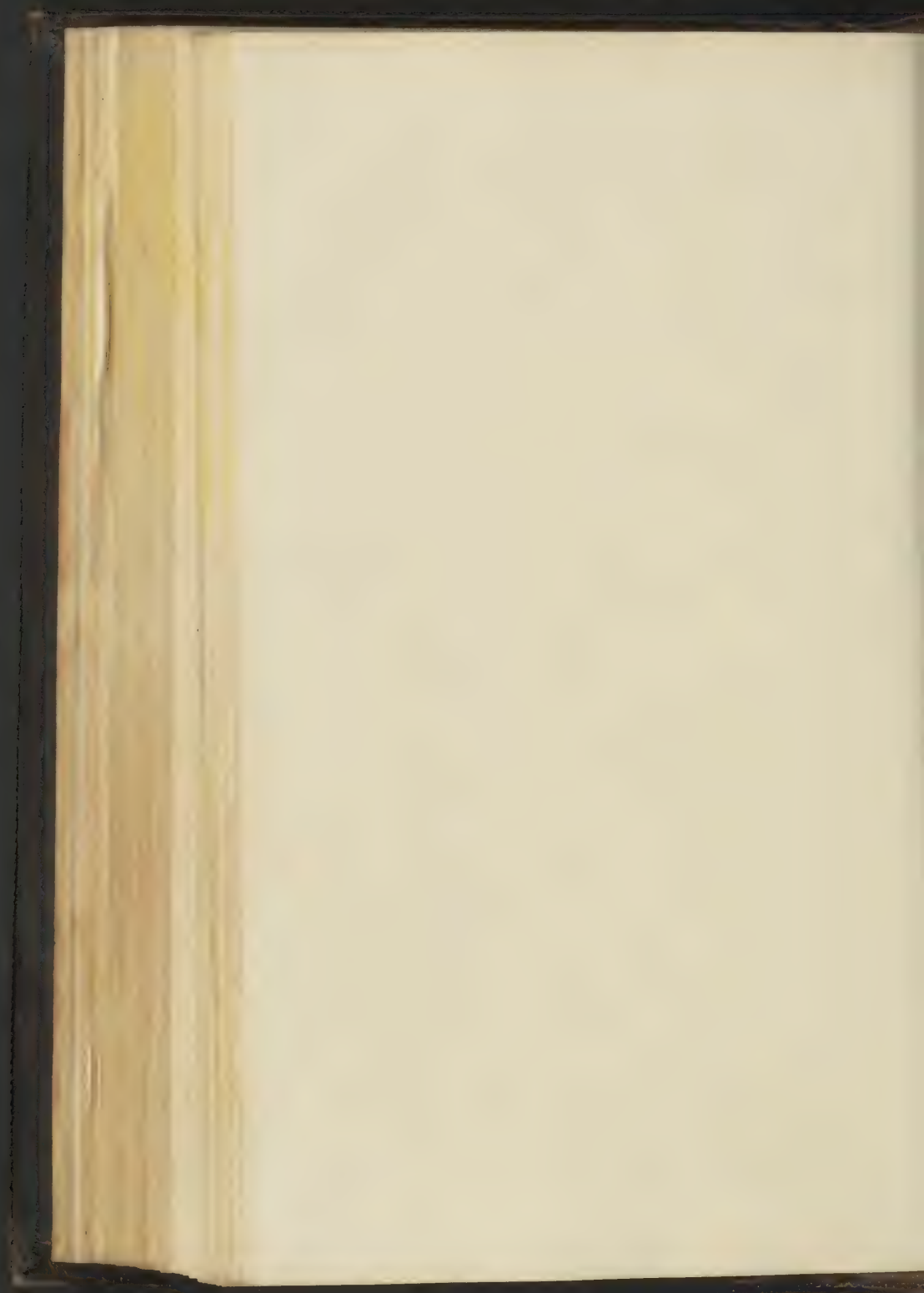


one bone are then the other - only a point
below the knee joint. - The common
tendon is the most convenient being more
strong than the others. - When the bone is
removed the muscles and ligaments are for
the large arteries - by which they may be more
perfectly secured - but in small branches
a ligament is only passing a ligature around
them which holds out; - but the stitching for
this is of the greatest use when the operator
has the ligatures to pass & tie himself -

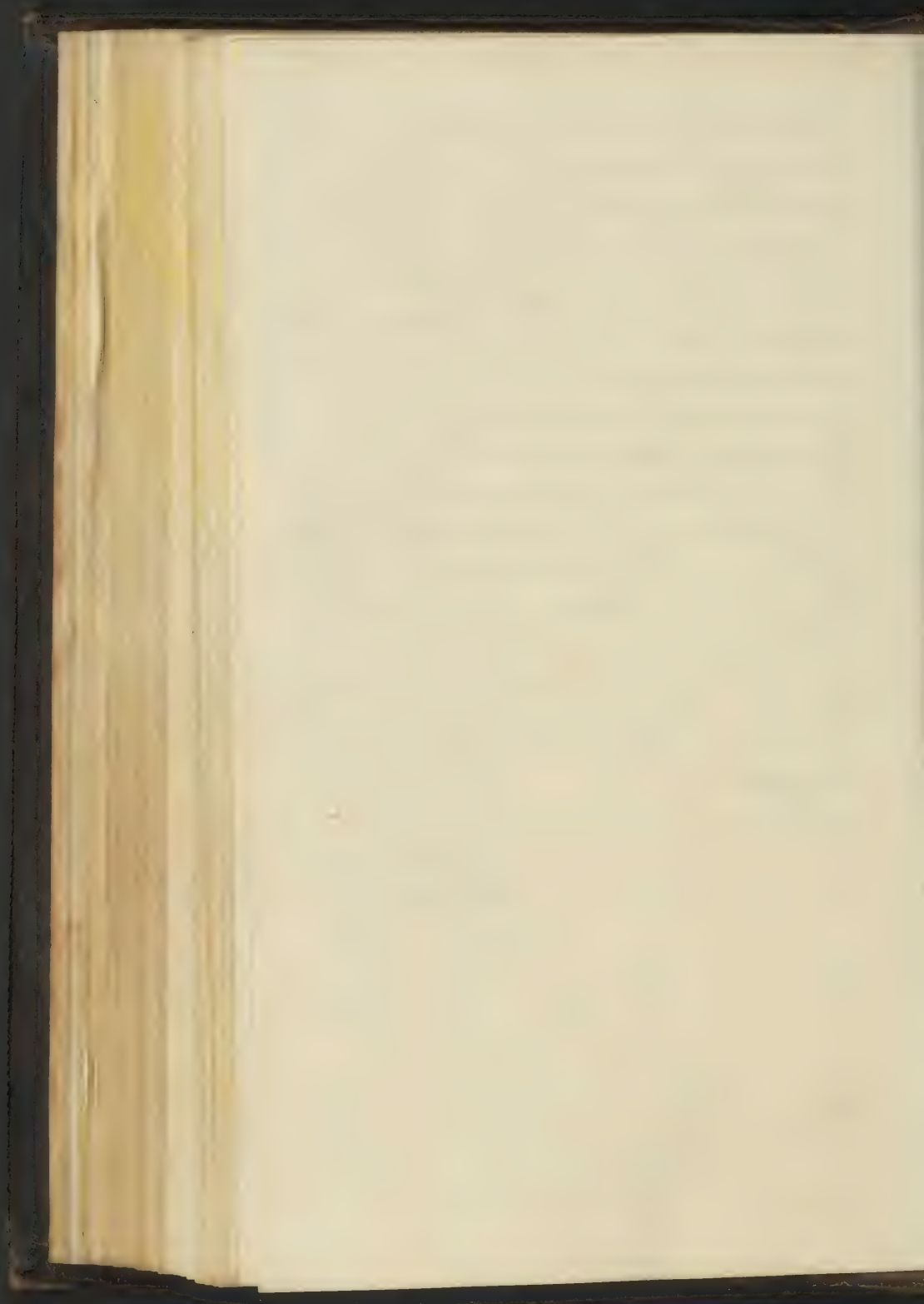
The joint too ought not to be agitated
without absolute necessity as it aches more
than all the rest in walking - in the first
joint it had better make the incision
near the foot of the neck to have suffi-
cient strength to resist - which must be
drawn back and the ligaments are torn - when
as the capsule ligament is stronger above
and below than in the sides make the inci-
sion there which will easily open the joint
for the introduction of the knife - - When
the disease extends into the joint as at home
make an incision completely thro' on each
side and with the metacarpal saw take
out the bone as far as diseased - if the
tarsus is affected but not the calcis and
astragalus - they may be left and the



[illegible]



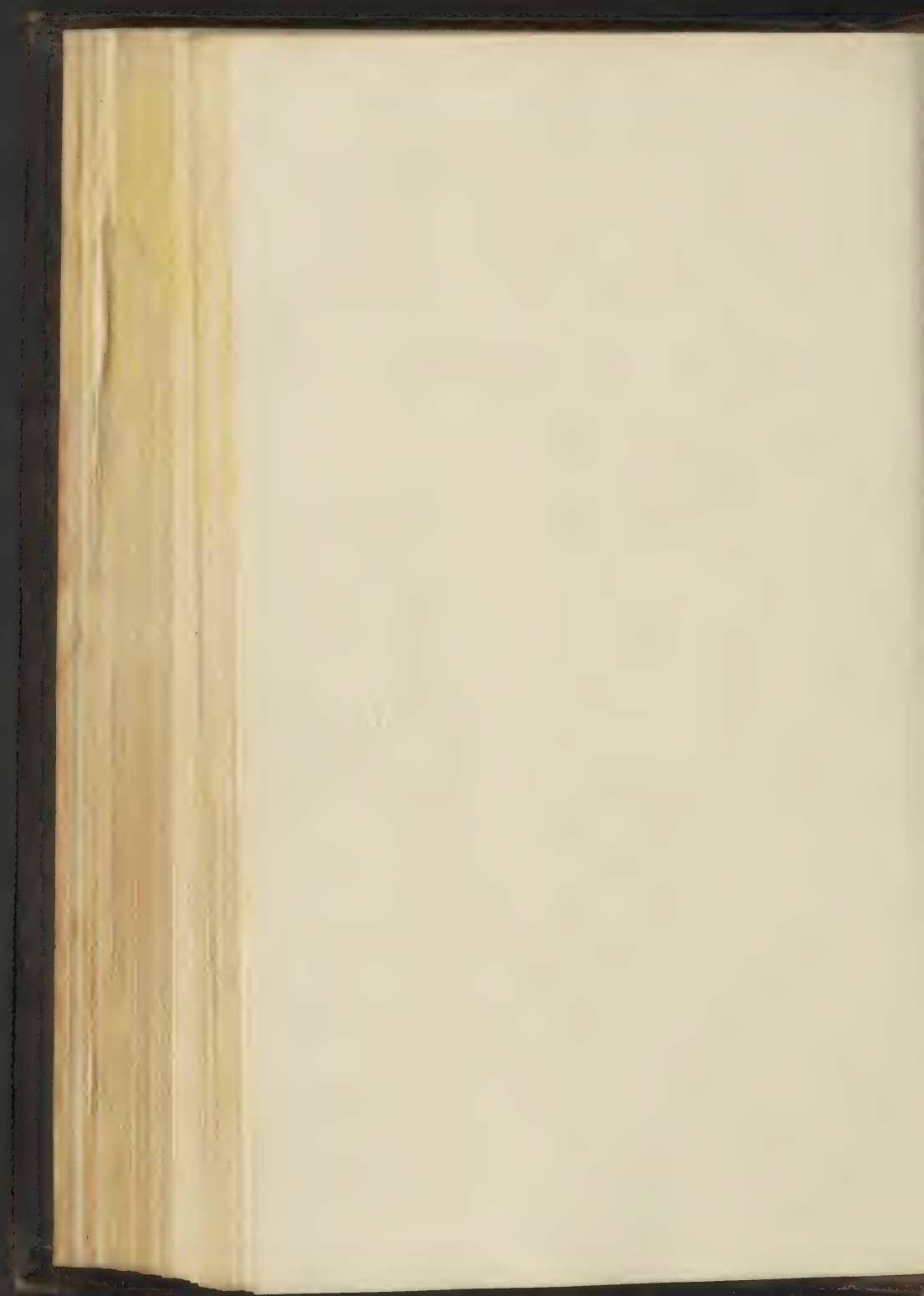
[illegible]



the head of the bone. Lastly cut thro the ligament over the head isthmus and the integuments when brought together again form but one set bone has almost the first.

Calculi in the Urethra.

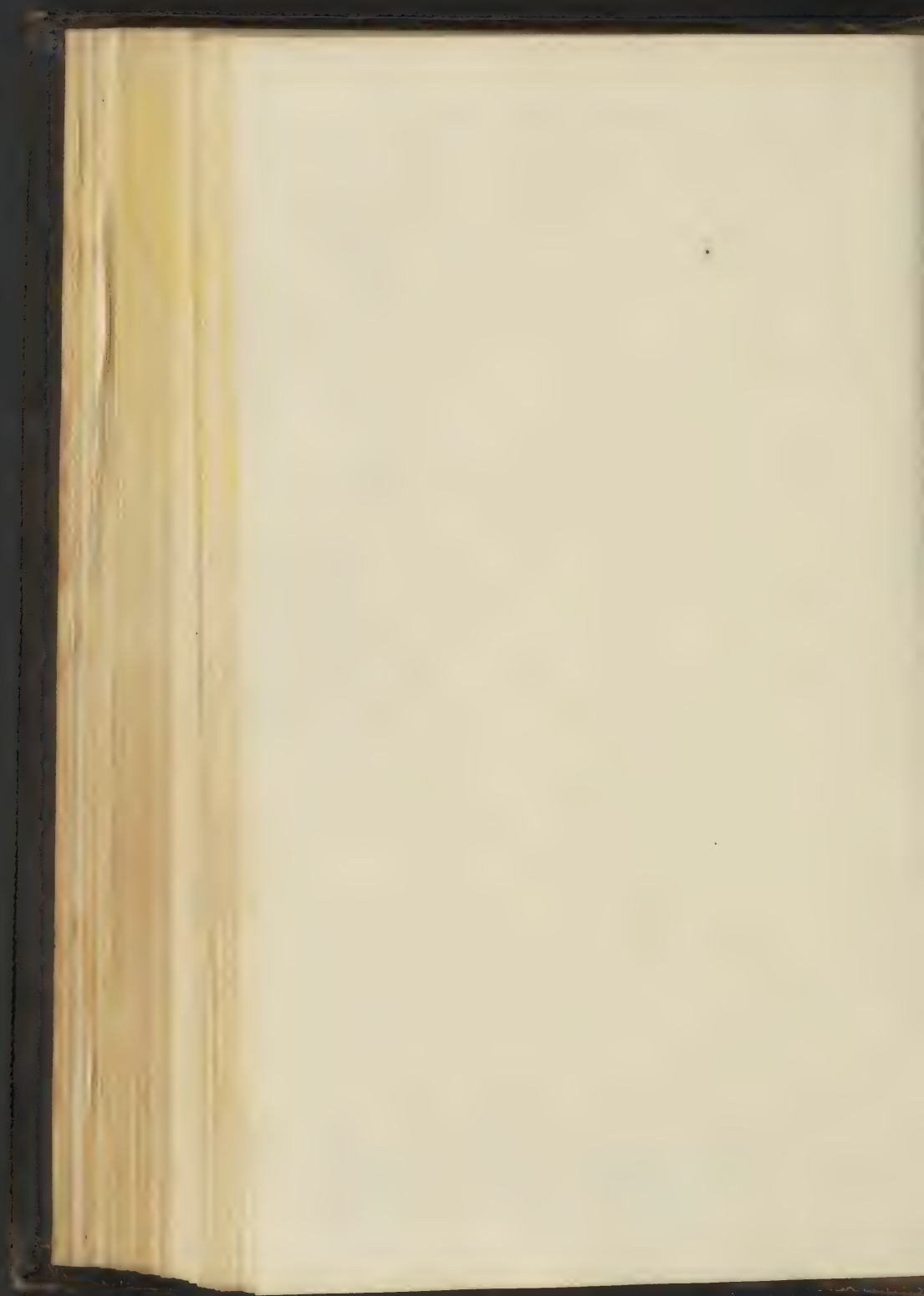
Canada's relations in these times of moral
 grandeur, happily with the same - some
 times of course, at other's after poignant efforts,
 but when peace is his sole object, and
 peace alone - sometimes being an inch here
 and one or two lines in the newspapers, part
 of the matter belonging to time & distance.
 But the time has once been able to stand
 here in relation with the people, and for
 that purpose, however you can sufficiently
 mislead the country, and you are not to
 begin there, and to say that the people do not
 stand it - but as to its relation
 whether in the newspapers, but is that part
 of the paper attaches to the paper, when it may
 be, by pinching the heart - & when the
 storm blows in the fingers and hand and
 make a net that the nation directly, and
 it is a sufficiently large to turn it out, the
 world will easily admit - But when



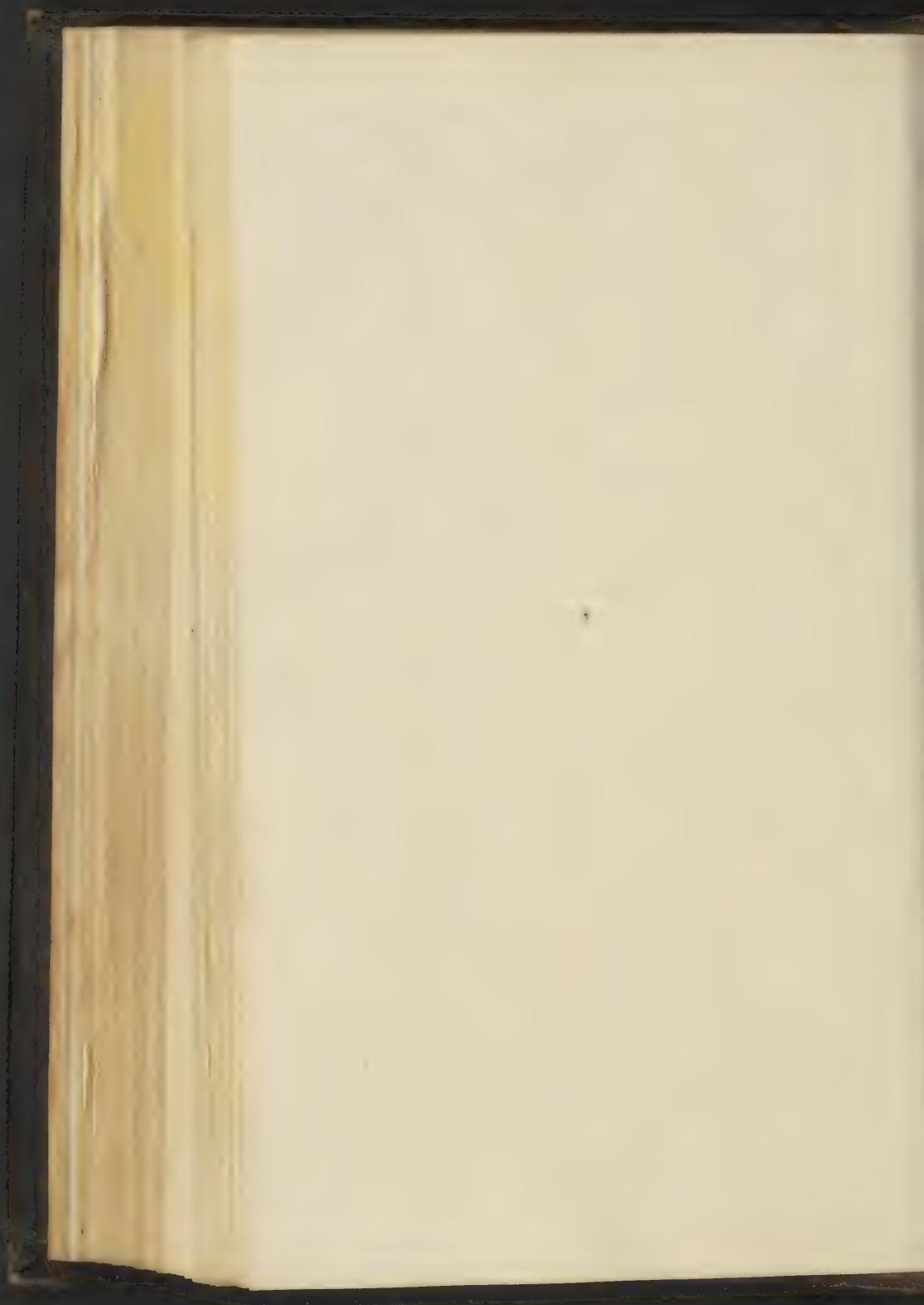
the steps is suitable to that part moved
by the structure and you have done the
best you can do. The middle surrounding
is up into the bladder and then is up by its
contraction. It is a soft and then is a
great elevation. But if you can without
injury from down or back or catheter and
put the stone into the perineum. It is better
to do. But if not you find injury the stone
then put a catheter on the urethra. Then if you
say. It is you are now the stone is removed.

When the stone is situated in the middle
upper part of the urethra. The patient must be
placed in the same position as in the bladder
and the stone must be moved upon the left side
on the intermediate union between the bulb and
the penis and upon the stone dilate the
opening. It is now the stone is taken out of
the perineum and is removed. But if you
find it is not possible to do with the
bladder and use the probe to find the stone.
It is now often into the perineum as in lithotomy.
But you have not the same as in lithotomy.

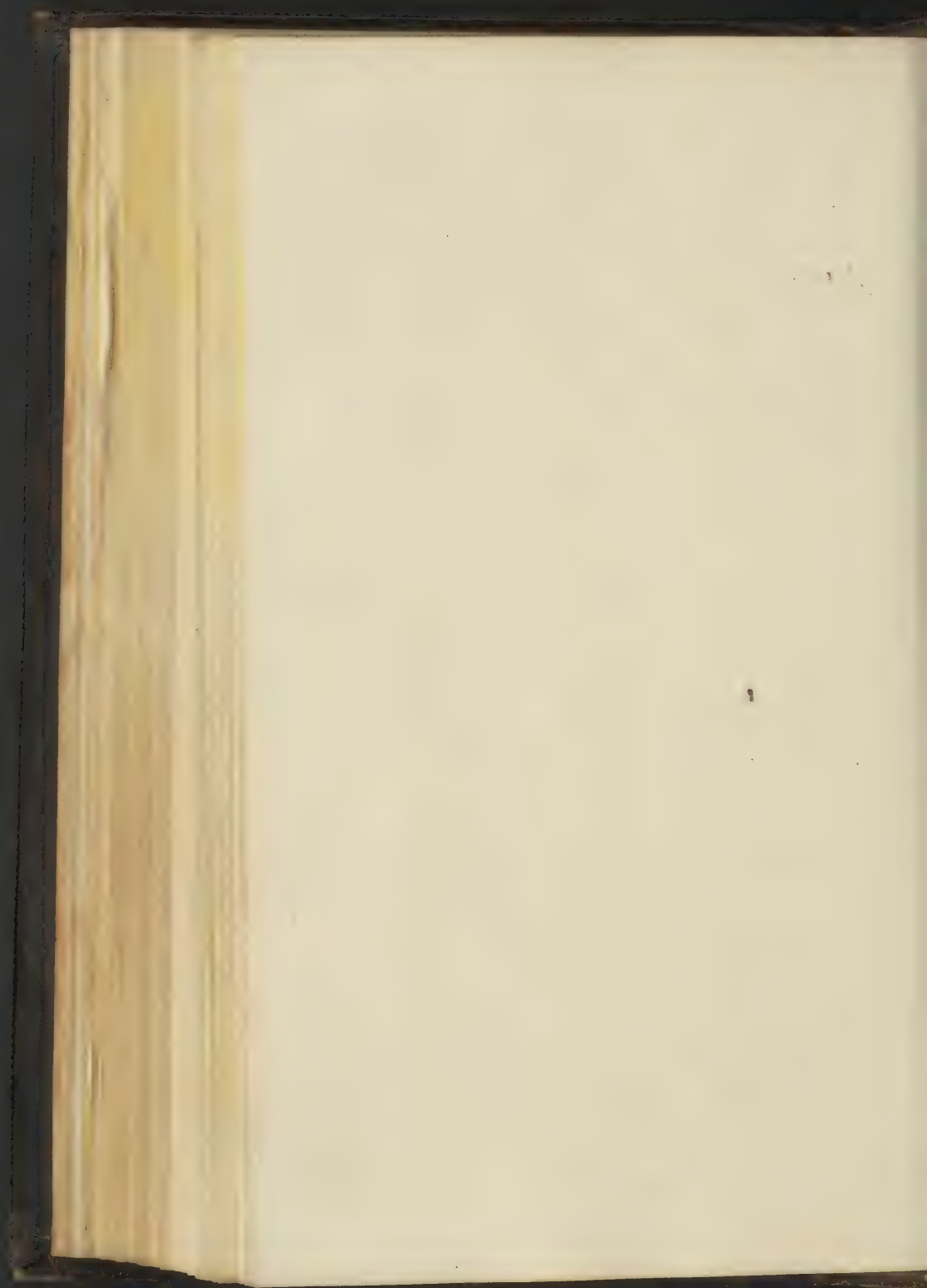
There is a place and a more stone is large
and is not having communication with the
membranous part of the urethra. In the case
the stone stops in the four stones of the size of
nuts. In the stone must be taken out and removed
and. In the case the stone is not far from



and of the same from irritability of the
cyst and the having an opening into which
the serum exudes. - When the cyst is
in the membranous part of the uterus the
contents the same, and symptoms as
well shown in the bladder. - Often when
the patient has had the disease from
birth perhaps even after having danger to
life from retention of urine - or the stone
breaks it may even pass out getting out
of the uterus into the surrounding cellular
or serous membrane, producing inflammation &
abscess - thus forming a cyst. - But there
has been one instance of stone in the blad-
der of the uterus. - The symptoms of
cystitis stone in the membranous part of
the uterus often make the surgeon think
it is in the bladder. - But on striking with
the point of the stone is a cystitis and not the
cystitis produced, which would be the
case if striking immediately upon the stone.
Mr. Lee has known this mistake made in
the operation for stone when the stone was
found excepted behind the bulb - but when
in this situation it may always be felt by
passing carefully under the perineum
and he knows by a striking divine what
is now said that he can't be but say -
the removal must be effected by carefully



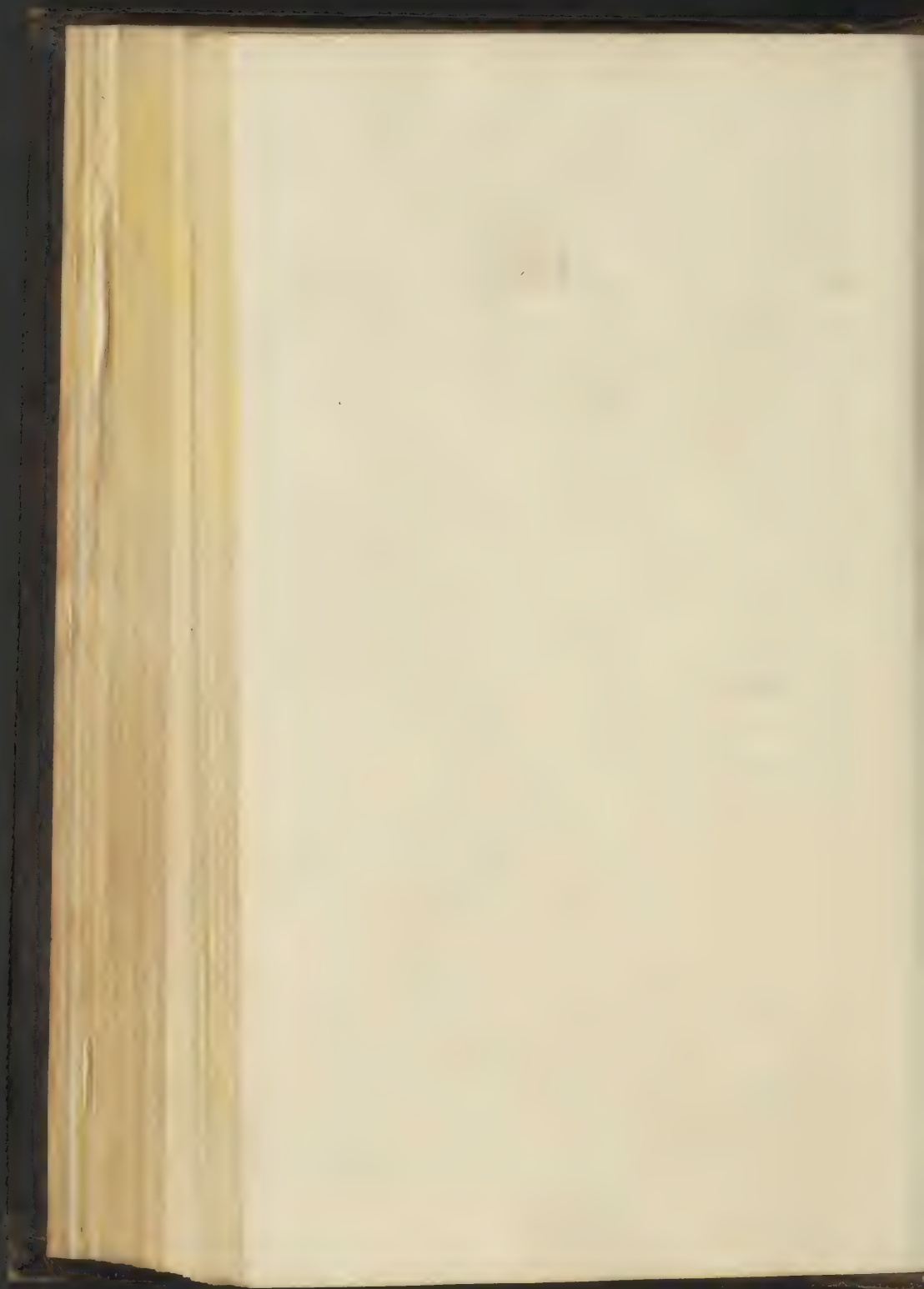
depending on the stone in whatever part
they may be situated - and it is also very
any to remove the cyst or you could have a
tubular opening for which purpose, introducing
a flexible metal catheter and expand it,
and send the opening into the cyst, then
send the catheter into the bladder, the
stone being hit off by a small stopper -
This operation requires much more after
treatment than any other for the stone in
any part of the situation of the stone & a
possible result by the consequences -
The stone must be removed to determine
the bladder than males - owing to the number
of stones being removed from the bladder
and the possibility of such stones in the bladder
as to the size of a stone of the size
of a finger - but the stone is the same
symptoms as the operation however -
generally emptying - but it is much more
after examination made with a small stone
the operation must be done in the bladder
the patient is the patient by the stone and
the introduction of the catheter - make an
incision in the bladder and remove the
stone in a direction downwards, then, since
the stone is removed, and pushing it downwards, di-
late the urethra into the bladder; when the
stone is removed, but the stone
is small and the bladder is small - the stone is



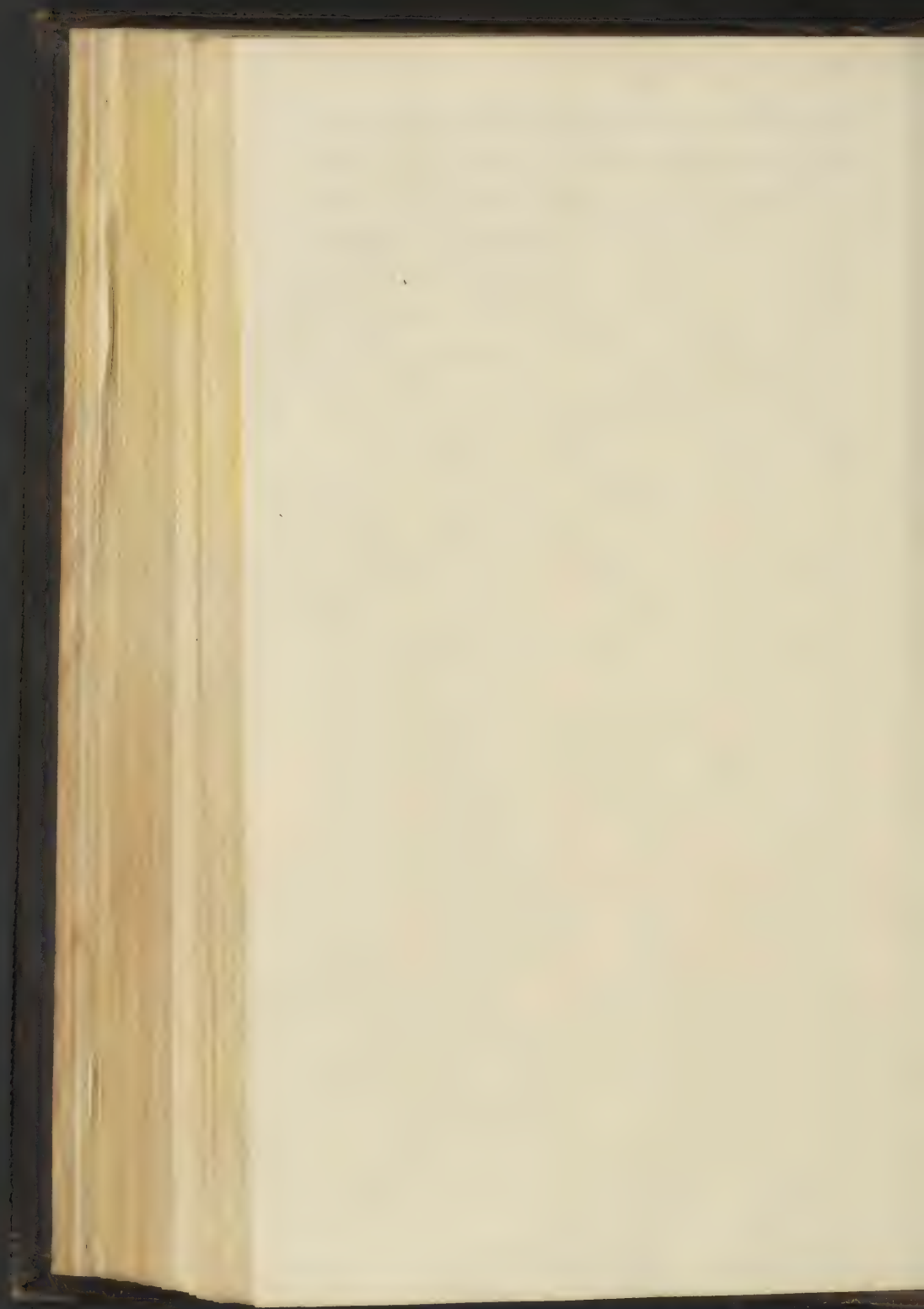
may be introduced & and the stone brought a-
way between it and the prostate, & the stone
pass. - Female patients generally, they
suffer from this operation, and from the
parts being constantly covered by urine are
suffering - but having clean and fresh
they a little further south, by means of spec.
blisters. - Distention of urine arises
from some stopping within the bladder
or about the prostate, and must be
removed as before described. In situations
of the stone there is long neglected becomes
thickened & thickens all the urine at last
completely stops. There is at first some
irritability, with a frequent desire to urinate
and a constant dribbling. When this
passage is stopped, the urine becomes
thick & turns the bladder; being passed?
the urine is a reddish color. But there is
then before as the inflammation is frequently
increased by it and the patient becomes
dreadful the first by frequently passing most of the
urine, from a system with the D. & of the disease
is an increase in the urine; in a small but
for relations in the bladder and back, the
urine is white generally, often a little thick & occurs
as the bladder has been known to burst and the
urine often enters the cavity of the bladder; -
death has taken place before this from the rupture
of inflammation which has run on without healing.



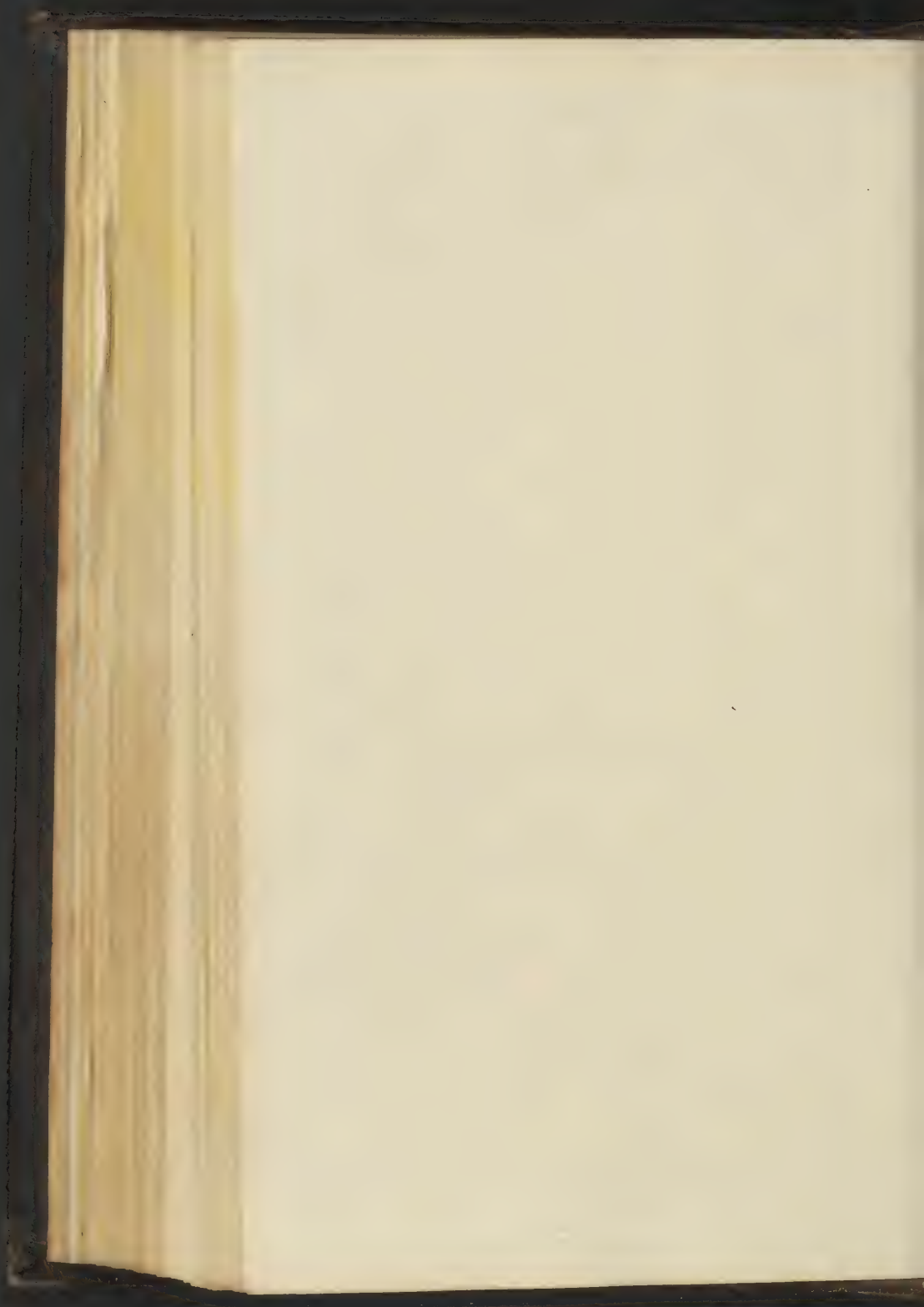
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from this cause. If they happen to irritate
the urethra longer than usual the bladder
from its contraction of the prostate has not
the power to discharge any part of its contents.
But when there is an attack of only a few hours
duration inflammation occurs with
swelling of the prostate causing an almost
constant necessity for using the catheter which
by frequent introduction keeps up the in-
flammation. If with the catheter with a
small stylet should be introduced and then
removed the use of a ligature they escape
themselves so immediately to the cure of the ure-
thra. Between the urethra or penis. That out
of the three were over two years only taking
a few days two of them went to examine if
it was the penis or prostate causing the trouble.
In other urethral catheters may generally
be used three months without danger of
breaking - which happened in one case to
Dr. B. - but the success in contracting it
with the forceps used for the rupture of vesical
and bladder from the urethra.
It sometimes happens that you cannot intro-
duce any instrument to draw off the urine.
It is then necessary to perform an operation a
puncture of the bladder may be made either
above the penis or in the perineum or be-
tween. The first consists in making an
incision in the linea alba between the

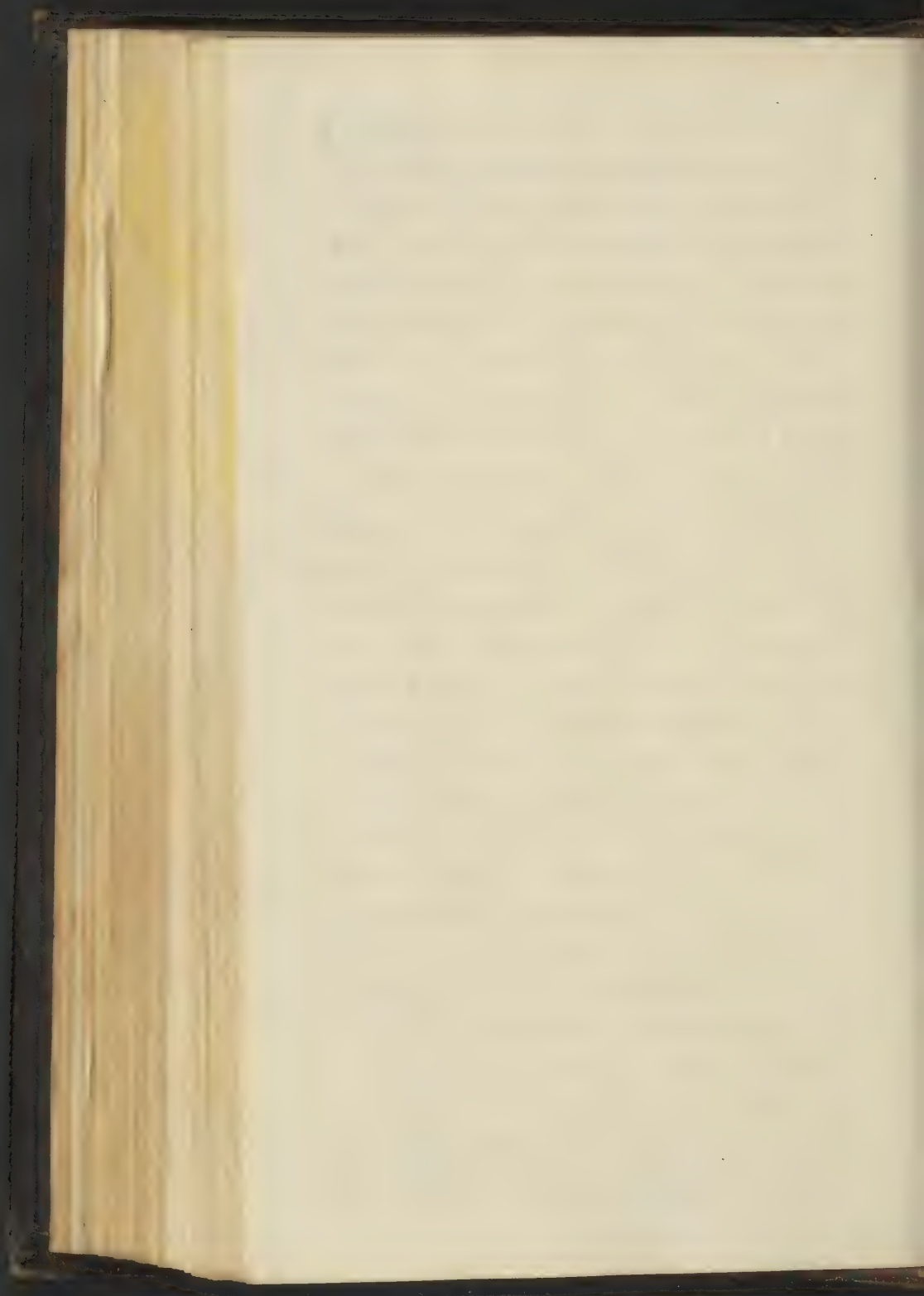


and are by themselves never as exposing
the entire part of the bladder without in-
juring the peritonium for when the force
of the stream is properly applied by the rectum
springing just within it - it does not penetrate
the water would then run down into the cavity
of the abdomen producing inflammation. It
would be the patient's - therefore another
long caudal must be used - the insertion
is more accurate the water then being in the
intestine than the caudal - Another station
is taken and within the caudal inserted - as
the so over excites much of the skin and
of the caudal - one is its purpose to obtain
firm insertion but upon the insertion water
and the introduction of the urine into the
cannula which would cause it very
easily be expelled by a backward force the
water, with the insertion of the caudal is
overcome when it must be inserted and
by natural passage established - But in
this I must state that the caudal stopping out
and the urine becoming extravasated has been
not infrequently seen - The operation thus
the urine must be made a full inch be-
hind the basis of the prostate to an amount
of the inflammation which would be the
consequence of a division of the testis and
the insertion of the prostatic of the testis;

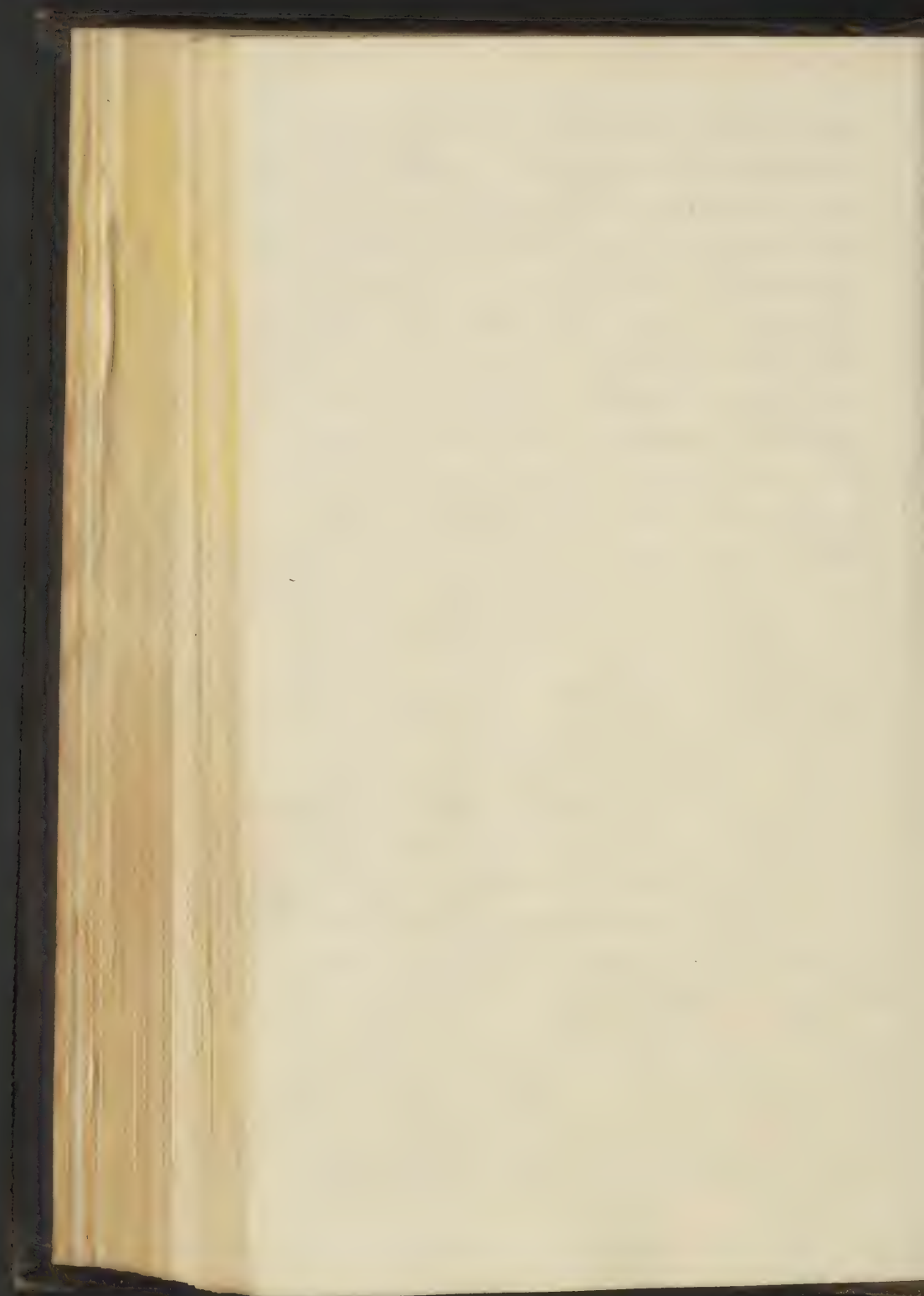


almost to make it a constant habit. It
has sometimes been performed with success
it is also necessary to keep the canal in
dilatation till the natural is free from ob-
struction - if with success soon the canal
will become open & free from its stimulus
causes a great degree of tenderness - but
keeping in the canal also gives a great
degree of tenderness at each time the
finger is put in the constant tenderness. -

The operation in the perineum which
is the best must be made in some de-
gree as for the stone - between the bulb and
urethra - the finger must be introduced to
feel for the prostate - insert the finger
with a hook in the anterior part of the
bladder then introduce a metallic catheter
thru the canal - withdraw it as it be-
comes the finger in till the opening is into
bladder - this operation is lost frequently
delayed till inflammation has proceeded
so far as to destroy the patient - what hap-
pens in our instance to the time when he
thinks the patient would have died from
inflammation would he have introduced
the catheter. - The operation in the perineum
has highly the advantage of the others as it
keeps the canal to dilate the canal rather



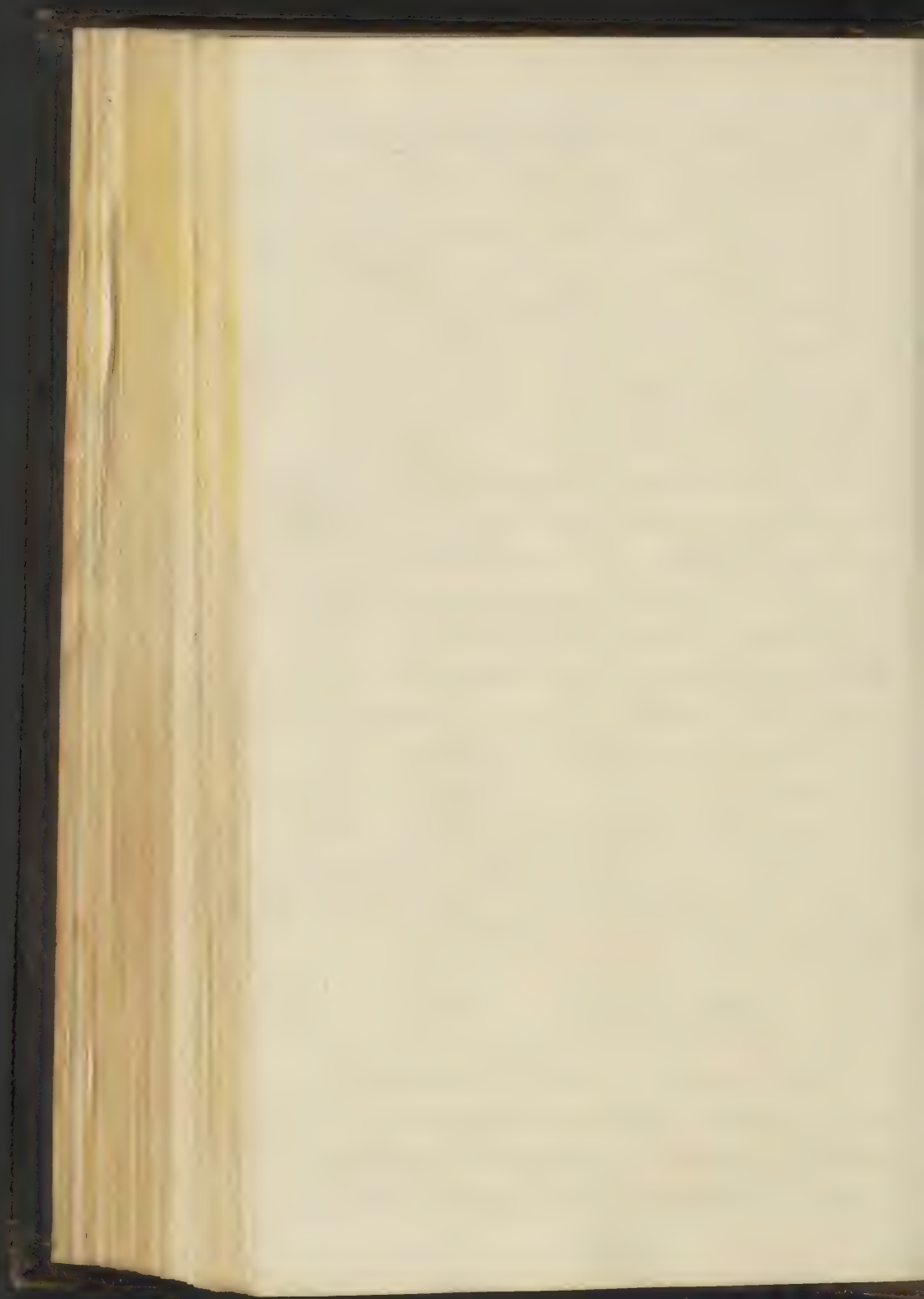
any risk of extravasation of urine but it
should be secured as in Stone. — When a
person has had considerable injury done
to the perineum opposite the arch of the
pubis or where the membranous part of
the urethra has been lacerated and as Mr
Kline has seen the corpus spongiosum di-
vided — effusion of blood into the surround-
ing parts and retention is the first symptom
besides the incapacity to void the urine
by the urethra which is swept into the
cellular membrane — putting the patient
by delay in the operation in imminent
danger of his life saving a thought to introduce
an instrument passing above — He
after opening must be sure in the perine-
um of probe and director which passes into the
Garden passing a catheter down the urethra
into the gloom of the diverticulum and so into the
Garden where it must be retained and the
residual parts removed as quickly as is possi-
ble after taking care to compress all
the coagulated blood you can at the time.
In my case, Mr Kline has seen a case comp-
lited with the use of a catheter in the parts.
But sometimes happens there is not only
laceration of the urethra but also of the inte-



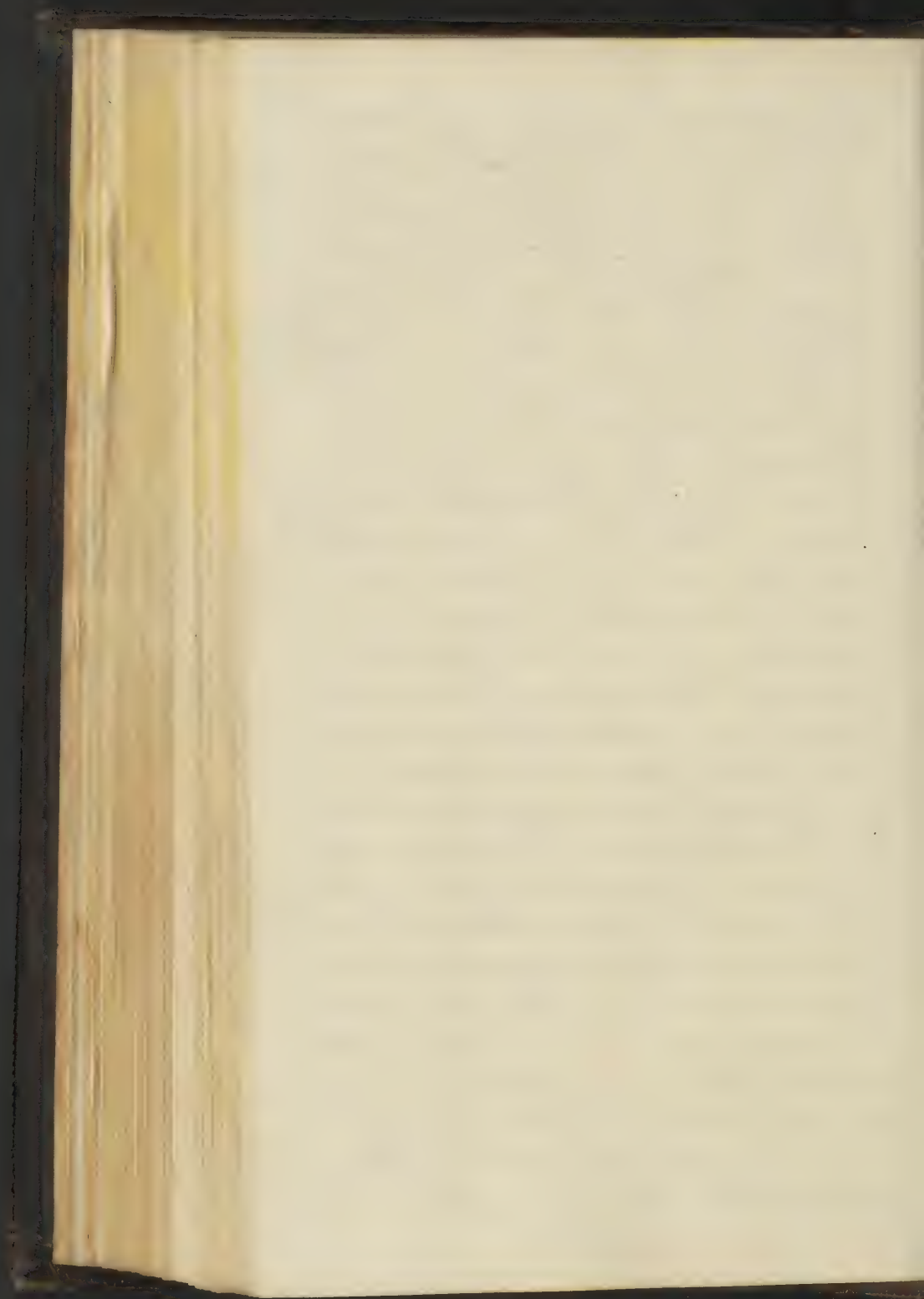
quadrants which are torn by falling upon
any thing sharp when the urine is not
discharging that the penis will pass off at
the os urethrae - not endangering life - but if
neglected a complete fistulous opening is
established - which is difficult to manage
in order to unite the extremities of the ure-
thra - but he then survived in a state
of four years enduring by passing a probe into
the fistula as far as it would go and a cathete-
rized the urethra - the urethral orifice
was then laid open by an incision and the
probe pushed forward thro' the aperture into
the bladder followed by the catheter which
was omitted in 1785. - hunger was however
occasionally relieved for 3 mos. after which he
never did any thing. - But in another
case of an insupportable haemorrhoid he could not
survive from which it is to be inferred the comp-
lète relieving the patient in a previous good
state of health. -

Phymosis

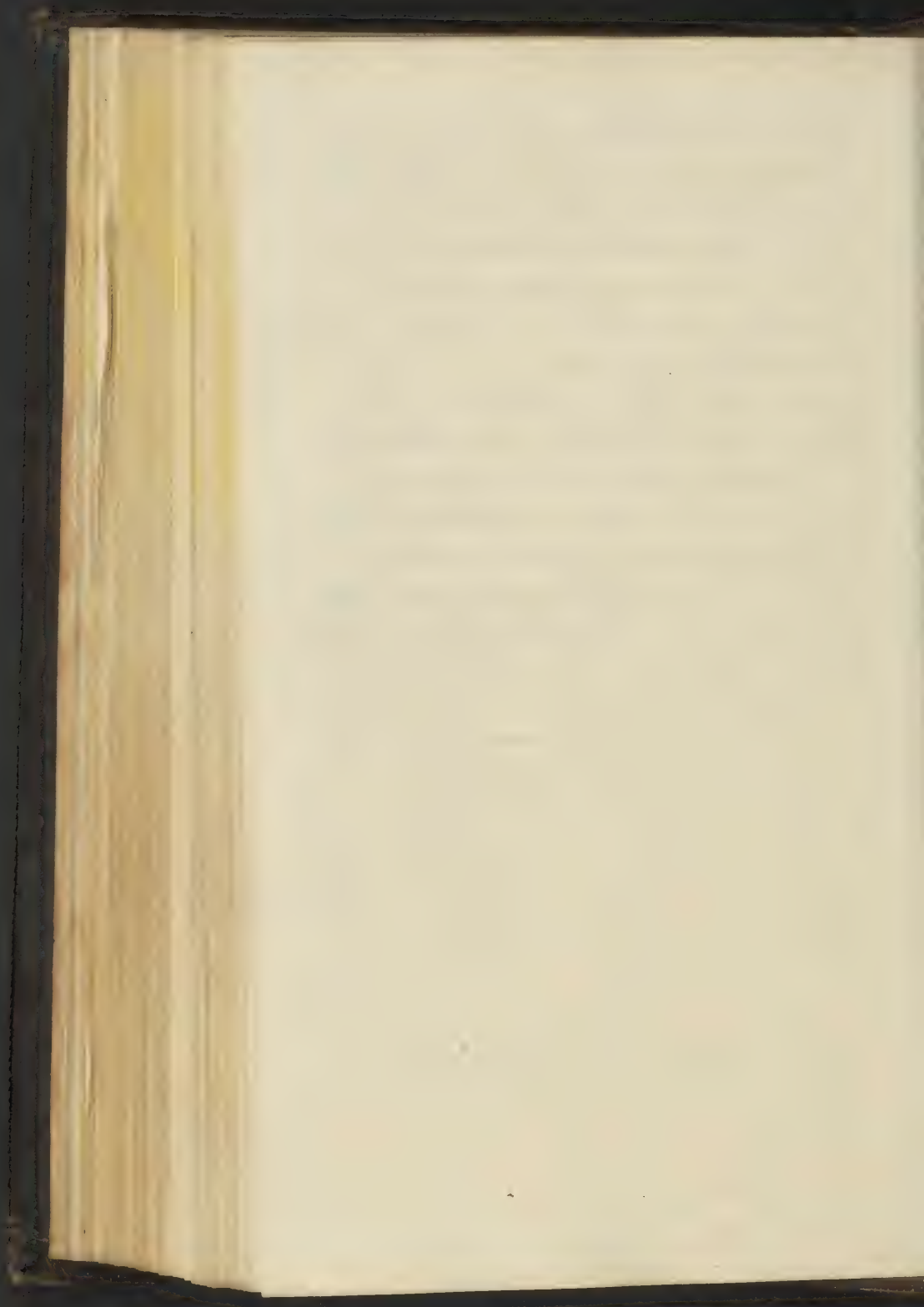
Phymosis consists in such a small orifice
to the prepuce as prevents the denudation
of the glans penis - is common in children
at birth when it is called natural: But



from what other cause is always attended
with various inconveniences; first from the se-
baceous matter secreted by the glandula ad-
repta accumulating behind the coronal gland
and lastly from its causing itching and
sometimes ulceration with a discharge like
that in venereal procorrhoea; - in this state
an operation must be performed or an open-
ing on the upper part is the removing of
the tumour magnanipius penis is the course -
first pass a probe round the gland
to discover whether there are any adhesions, then
take a phymosis knife and stick a piece
of wax on its point lay hold of the penis and
draw the prepuce as far back as possible to
put it upon the stretch or you make a large
internal wound without affording the proper
degree of relief; put in the knife at the orif-
ice and push it back nearly as far as the core-
na then thrust the point then draw it
out you will complete the division, a piece
of fat must then be put in between the edges
and secured from time to time as it grows foul
to prevent adhesion. - But as the greatest
inconveniences arise from sitting up the
prepuce too far - never go quite behind the coro-
na - as the prepuce would fall down on each
side and leaving the gland uncovered the linen
would irritate it extremely. - If there are

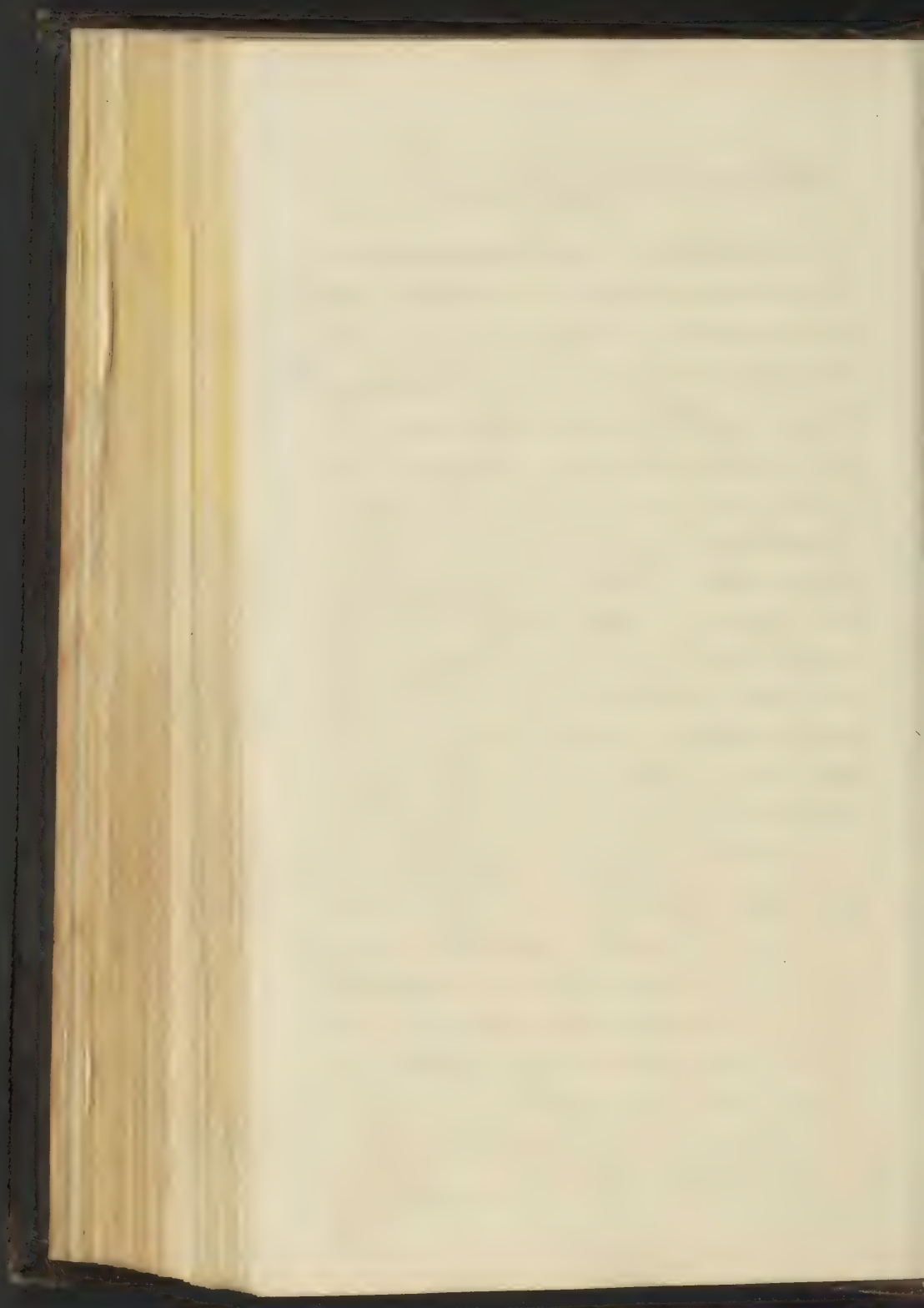


retains a little from distention of veins
but you must not only slit up the prepuce
but dissect away there - however if
it can be made to stay a little longer on the
prepuce by circumcising your patient -
but when it can be done a little way for
the slips behind the corona and can't be
drawn back it forms a stricture & swells
the penis from the stoppage of blood thro' the
two magnifying penis - and causes
inflammation - it may sometimes be taken
off by prying upon the glans and thus diminish
its size by forcing out all the blood
then slipping back the prepuce with your thumbs
and drawing forward the prepuce and skin
with your fingers; however when inflammation
from waiting some hours, has
come on, it becomes necessary to perform
an operation by pushing in the phymosis
knife on each side in several places; tak
ing care not to wound the arteries on the
corona; when it can be turned you had
better slit up the prepuce on the back; after
which slipping the penis in an erect posi
tion will relieve the swelling that would o.
otherwise be incurred by allowing it to
hang down. -

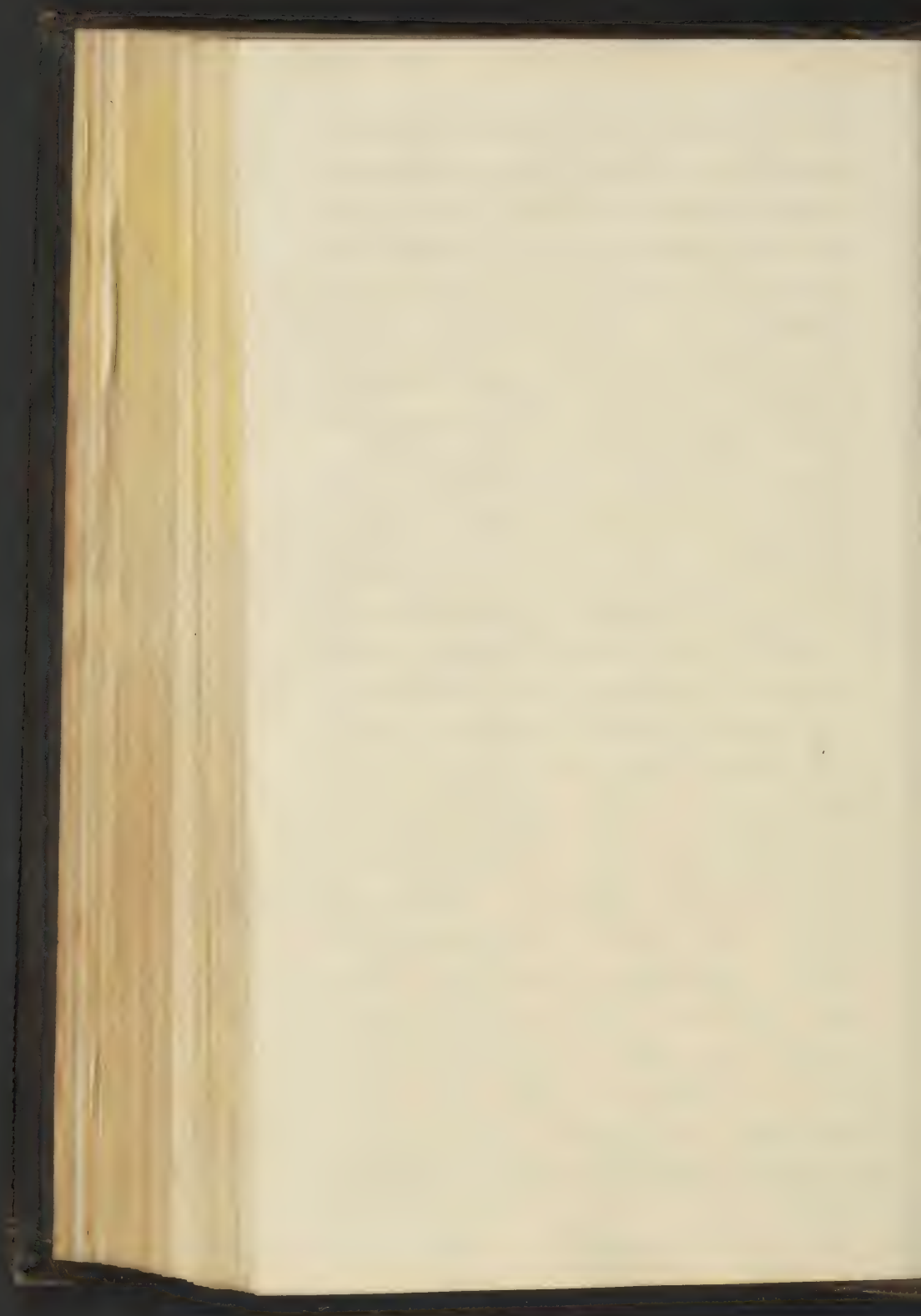


Amputation of Penis

Cancer of the penis - not very uncommon.
It begins in the glans - sometimes in the
Prepuce; it rises like a warty excrescence
which if not cured is constantly peeling off.
Progress very slow, being months or even years
before it attains any size; but grows fast,
extending in Circumference as well as
height becomes irregular and discharges a
solid matter with heat & soreness and pain
which extending along the absorbents they
become is become contaminated and ul-
cerate when at last the internal chain par-
taking of the disease the patient dies.
When it originates in the Prepuce it will
extend to the glans and so on, till there is
an absolute necessity for amputation with
a great degree of hardness in the whole of the ex-
crescences which as there is no other mode of
cure must be completely removed; but if
it exist distinctly only in the Prepuce it
will be sufficient to amputate this alone.
As soon as the nature of the disease is clearly
ascertained the operation should not be de-
layed as the glands soon become diseased



without our being capable of perceiv-
ing it. — When the flans is diseased
we must remove the whole of it, as it
would be extremely dangerous to cut out
a part from such an extremely vascular
substance. — The operation consists
in cutting thro' after drawing back the skin
both corpora cavernosa & spongiosum & it
is cut when sufficient skin will be
left to cover the cut without stretching it.
There would be considerable hemorrhage
from the four arteries were it not complete-
ly compressed by a piece of tape before the
operation; next look for the vessels and when
you see them distinctly draw them out
with a pair of forceps and tie a small li-
gature round them; then bring the skin
forward and cover the cavernosa only leav-
ing the spongiosum uncovered to allow
of the free passage of the urine; but here the
greatest difficulty lies in keeping open the
urethra so as to prevent great difficulty in
passing the urine — from the granulations
causing contraction and closing its orifice
which is sometimes not larger than would
admit a pin — tying the muscular or con-
tracting fibres of the bladder before all the urine

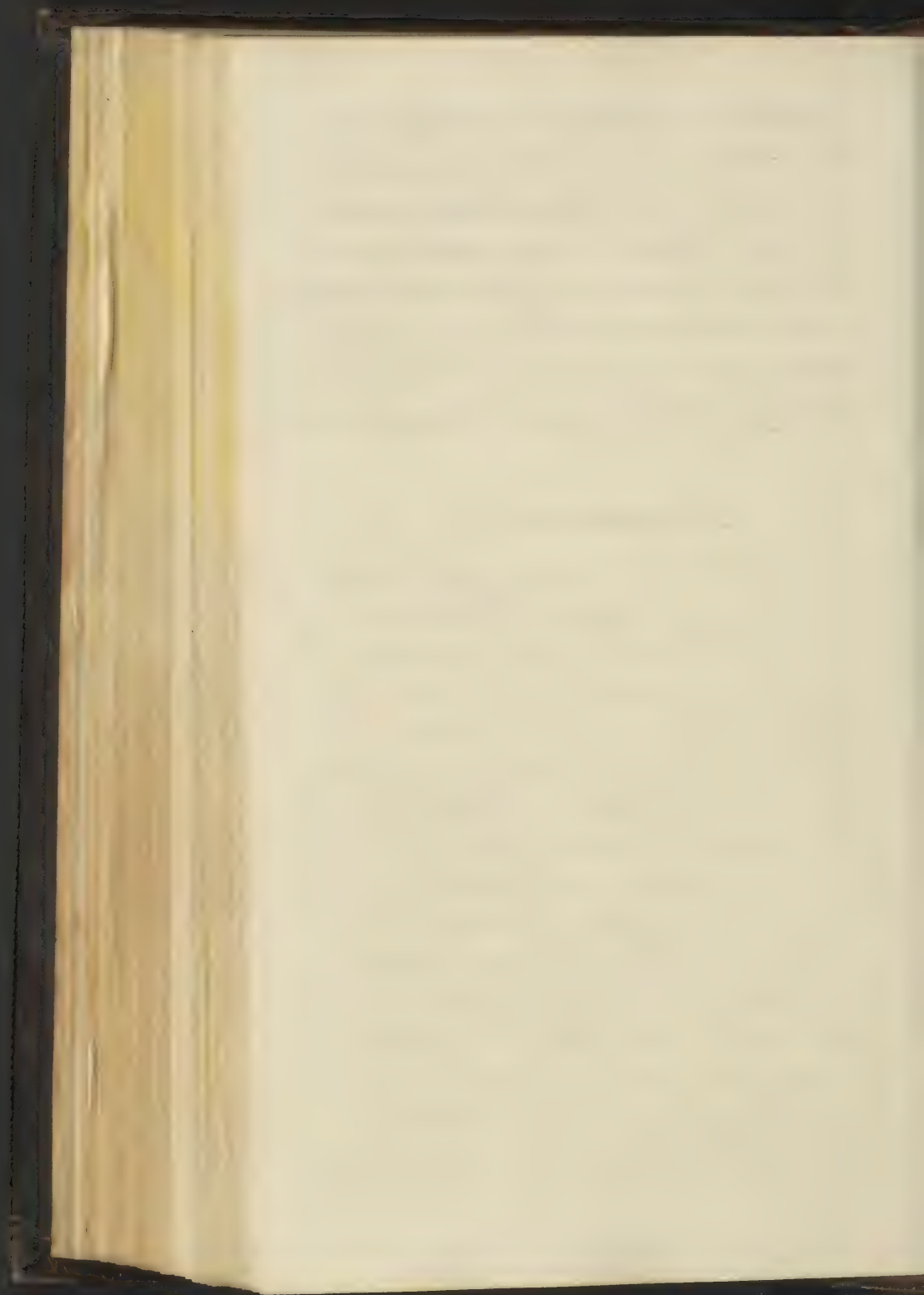


is proper and making it necessary daily
to introduce a bougie till all disposition
to contract is lost or till the part is healed;
otherwise the patient may suffer great
deaths and become very difficult to manage.

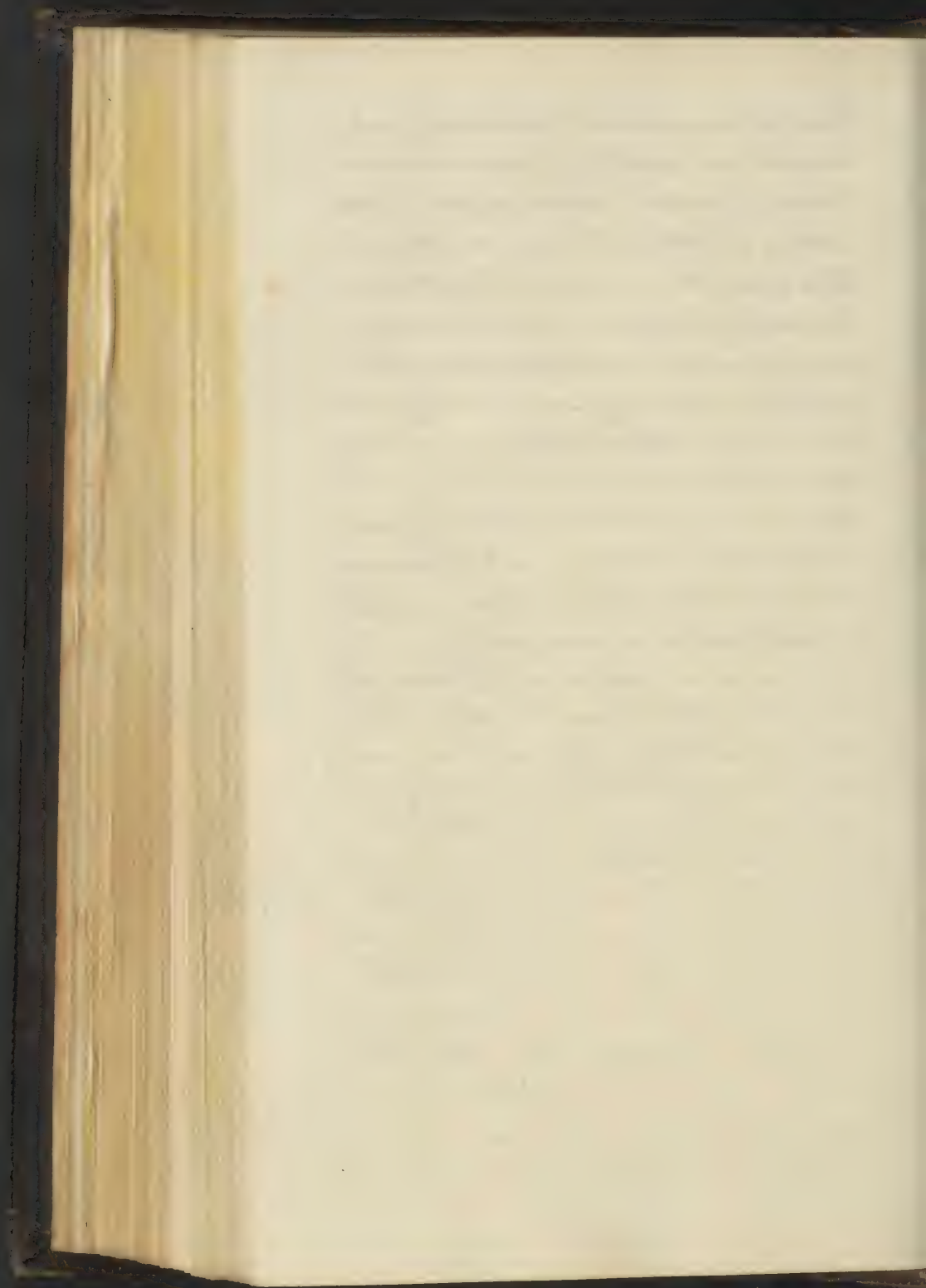
This is one case the Clime succeeded by
passing a piece of small catgut which by
melting gradually overran the rent & healed.

Trephine.

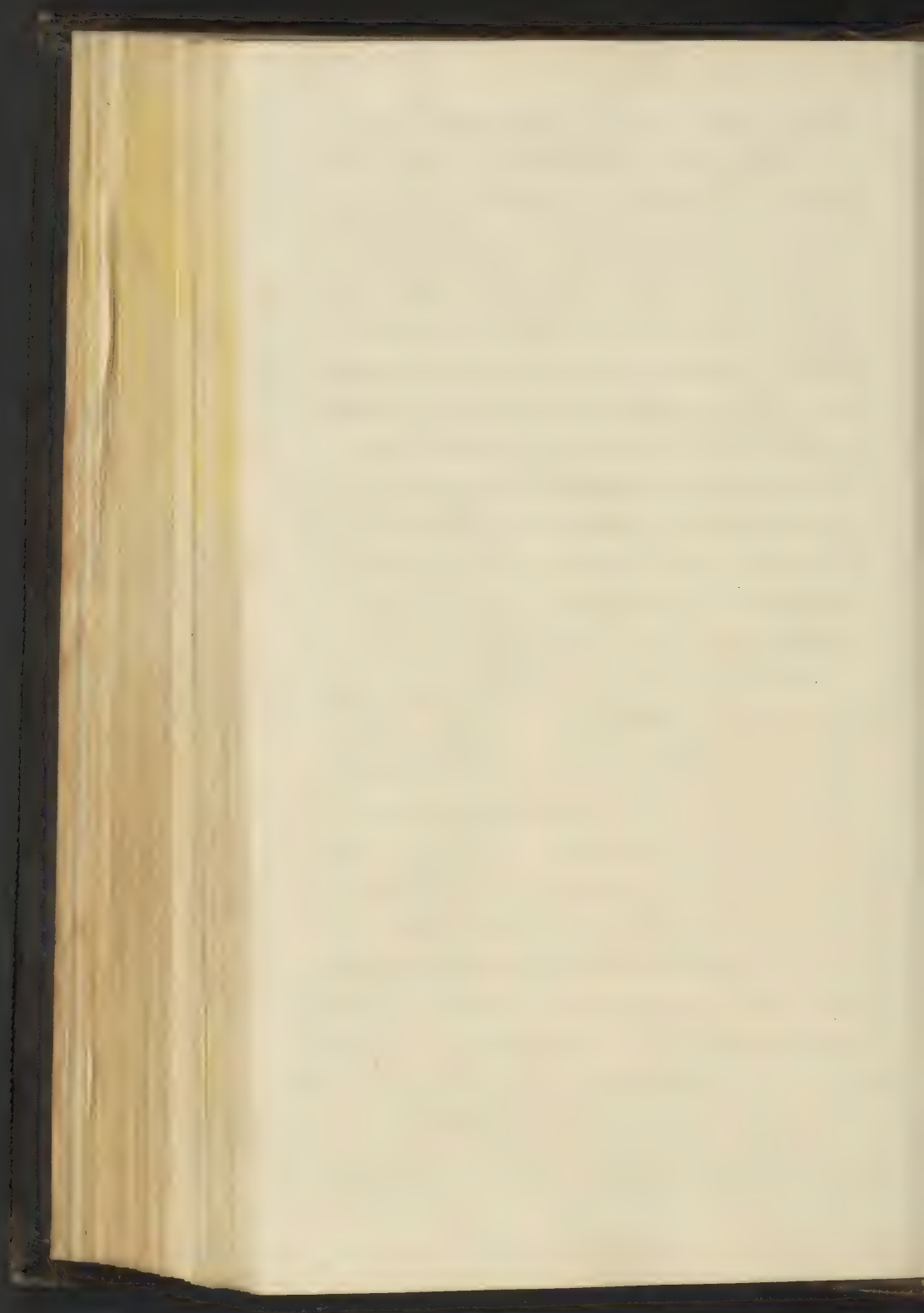
Injuries of the head - require great discer-
mination and judgment in their discov-
ery and treatment. Injuries of the skull,
fracture, extravasation, and inflamma-
tion of the brain and its membranes, which
may also occur in this manner or separ-
ately. Concussion is the effect of a
blow when all the functions of the brain are
there is insensibility, and loss of motion; but
the involuntary motions are not dependant
on the brain continuing; the pupil does not
contract from the stimulus of light on tai-
ing the eyelids; noise produces no excitement;
these symptoms are however not always in
the same degree: when loss of sensation or
motion continues only a few minutes or



hours or days or sometimes weeks and
sometimes in a still less degree or where
it is only partial; as singing in the ears,
flashing of light in the eyes, inability to
stand upright - can only walk feebly, and
that with a pinstroke; here the motions
are only impaired not completely lost;
sometimes recovering soon so as to go about
their business without further curing at all.
It is attended with great danger. In
these cases we should bleed altho' the pulse
is slower than natural as Mr. Pline says
it has a good effect if freely taken and should
be repeated if the symptoms continue - There
was a case of it. Baker in St. Thomas' Hos-
pital who continued in this state 3 Wks:
and was bled twenty different times; and
Mr. Pline attributes his recovery solely to the
evacuation lessening the force of the pulse;
procure free evacuations of urine; and if
the symptoms still continue Repeat both
bleeding and purging; it will be necessary
also to keep up a free determination to the
skin by Dover's Powder or Antimony and
shave off the hair immediately, blister the
head but only after the symptoms have con-
tinued several days without any signs of
amelioration. - At first allow nothing but



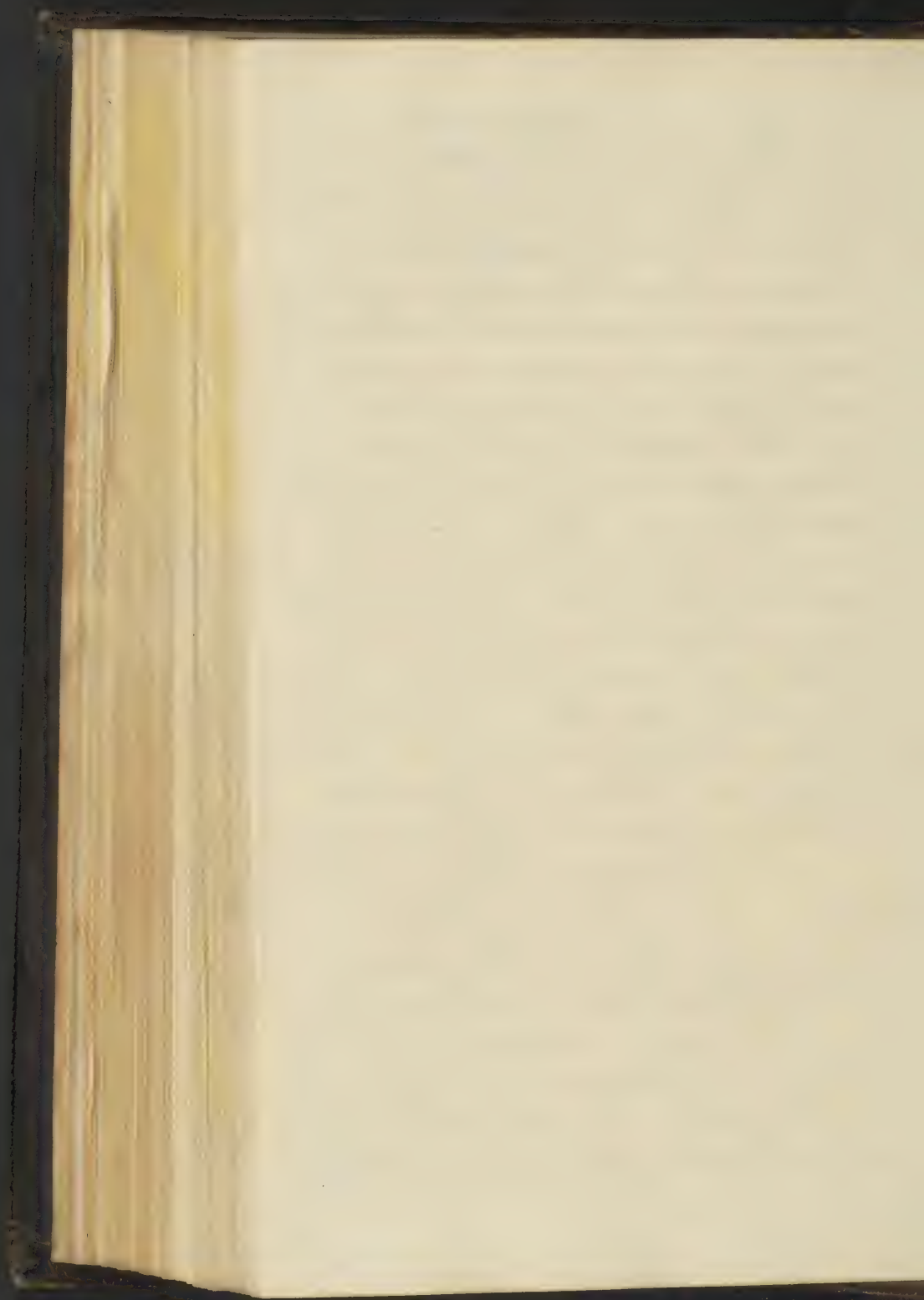
barley water - in a few days paralytic
no both fermented liquors or any stimu-
lants. - On recovery he just begins to open
his eyes directing them in a languid man-
ner to some particular object; this accom-
panied by speaking which is at first very indis-
tinct. - Strabismus is a very common
result of concussion one eye being turned
out of the line - or seeing objects out of
their natural situation, to one side or
the other when opposite and directly be-
fore when on one side; hearing is also
altered and sense of taste lost; but gen-
erally recovering gradually tho' it may be
months or even years. - Loss of memory a
very common effect of concussion, shall
see a person know him & not be able to
tell his name - This extends sometimes to
an extraordinary degree, loss of language
lasts the longest; a patient in St Thomas's
Hospital who was a Welshman after an ac-
cident of this kind lost his English and spoke
Welsh; there is often an insensibility in the
reasoning faculty even to such an extent
as to amount to idiotism; M.C. has seen it
continue for months and Hospital recover.
Stasis has not unfrequently occurred after



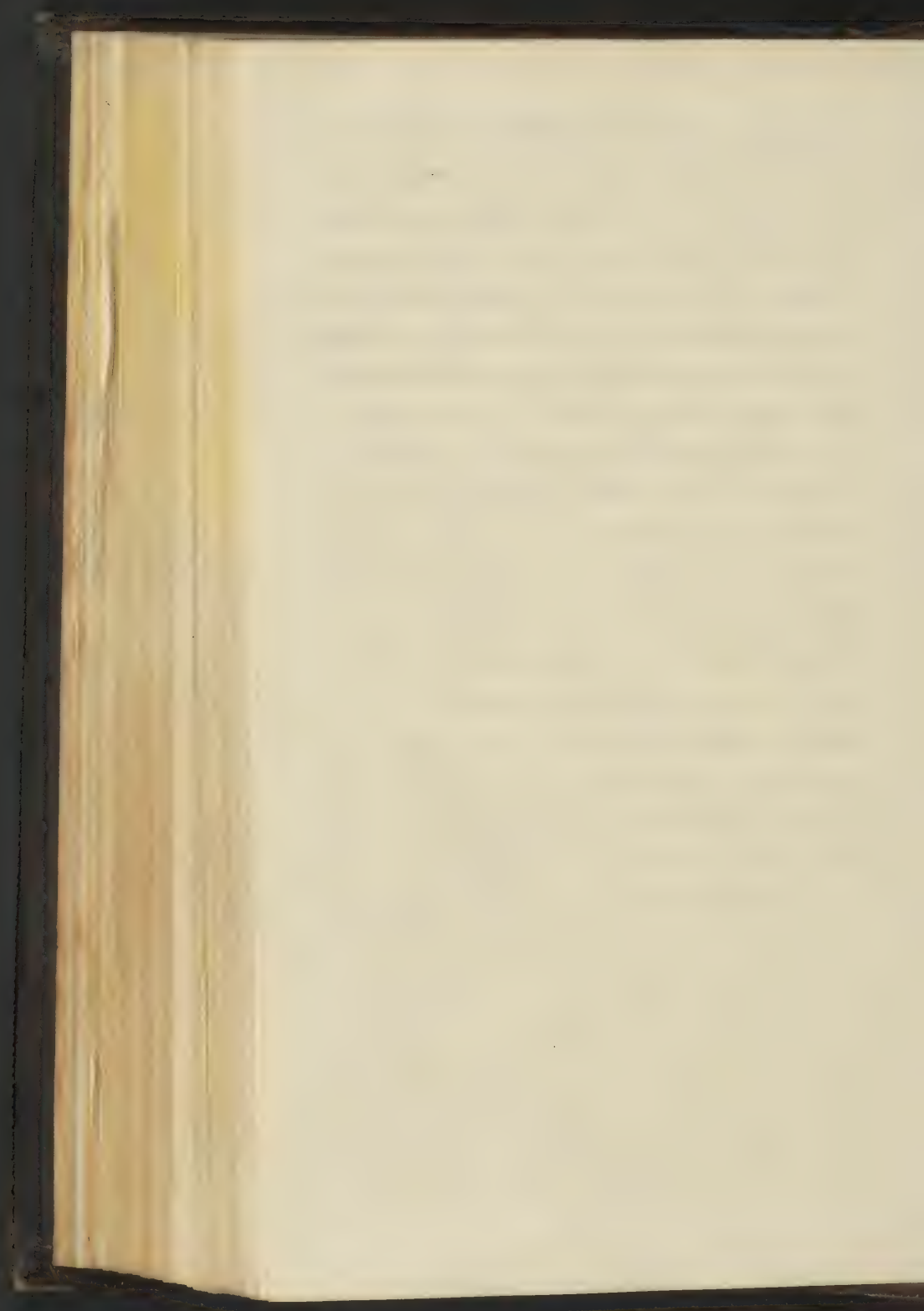
these injuries are kept out never after
early recovery, a particular instance of
which Mr. C. notices who has recovered
from a fall. — The complete or incomplete
recovery Mr. C. thinks depends upon the
treatment during the complaint, diet &
evacuations. — Fractures in the
skull only fissures or cracks passing with in-
feriority, or broken and being inwards to
the membranes compressing the brain itself, &
in proportion to which fissure is the degree
of danger and on this account requiring the
particular attention of the Surgeon. — When
merely a fissure unaccompanied by any
tear of the membranes the parts will unite
by callus as in every other part when kept on
a cooling diet. — Compression which accom-
panies fracture with depression occasions if
it is considerable, immediate vomiting & nausea
a loss of the voluntary motion of some part
of the body as one side & that the opposite to
the injured and convulsive tremor; if still
greater all voluntary parts are motionless
stertor, sopor, stertor, breathing, bleeding at the
ears or nose & a slow and oppressed pulse is
irregular or intermits. — These symp-
toms being present carefully examine the
head after first removing the hair & if then



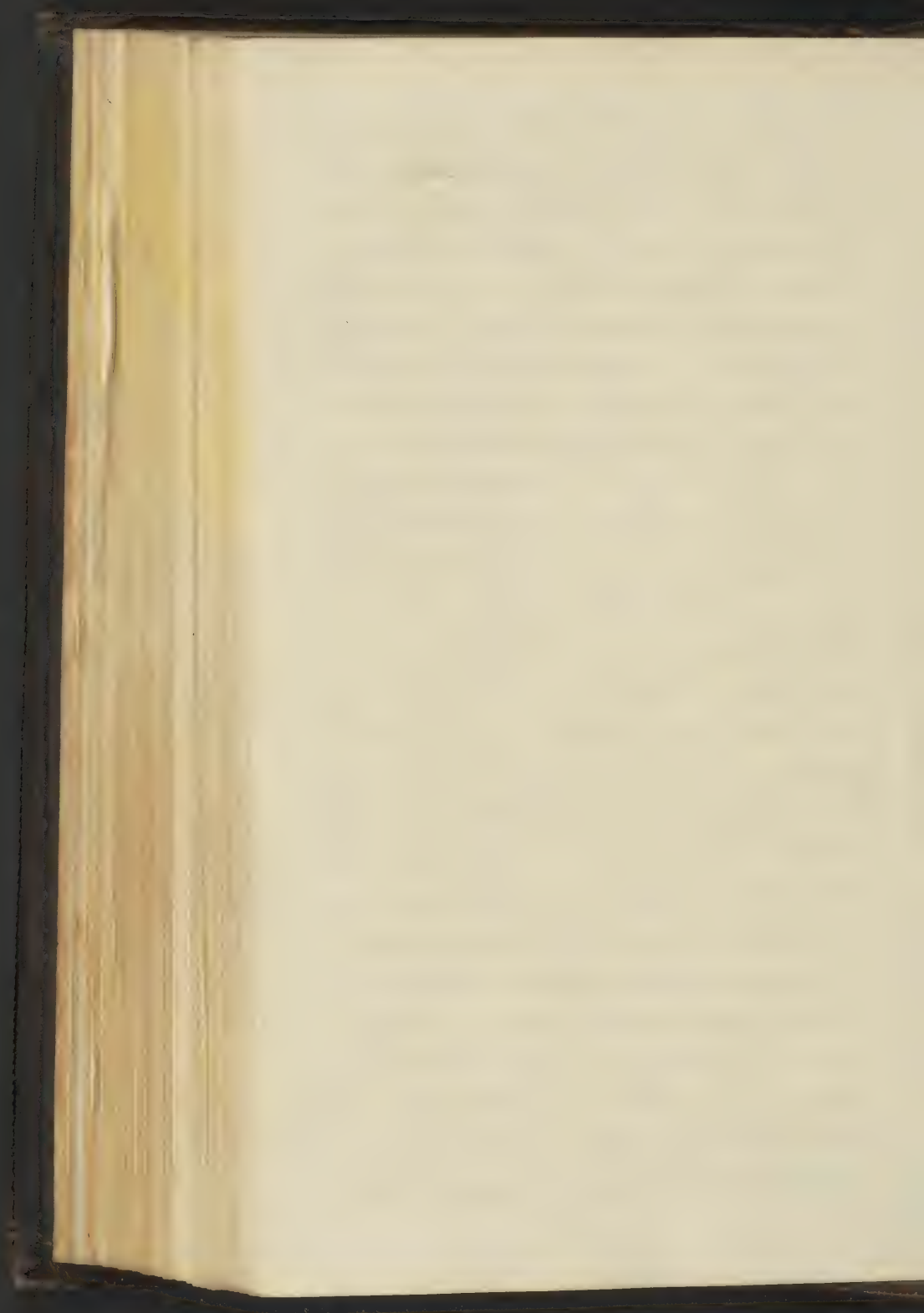
is a wound in the scalp you know
where the injury is - but if there is no
external wound but injury underneath
the scalp, there will be a puffy feel &
on pressure it will frequently give great
uneasiness. here you should lay the bone
bare by a free longitudinal incision &
if a fracture is discovered it should be
traced throughout its whole extent above
the base of the Cranium further attempts
would be improper. If there is any portion
loose inward it must be removed or elevat-
ed for which purpose the instruments men-
tioned are a knife to divide the scalp at the site
of which is an instrument to separate the
parietal cranium from the bone without injury
to the knife, and is particularly useful in tra-
versing a fracture; where it is necessary to take
out a portion of bone that if there is use in
it is a circular saw first cuts a handle which
takes off - within the margin of the trephine
is a sliding pin that may be set just be-
yond the teeth of the saw - to the crown of the
saw. This piece has a cutting edge added to it.
slips on it and takes off a piece of parietal
bone only of just such a size as to admit
of the saw for whenever the bone is bare of this



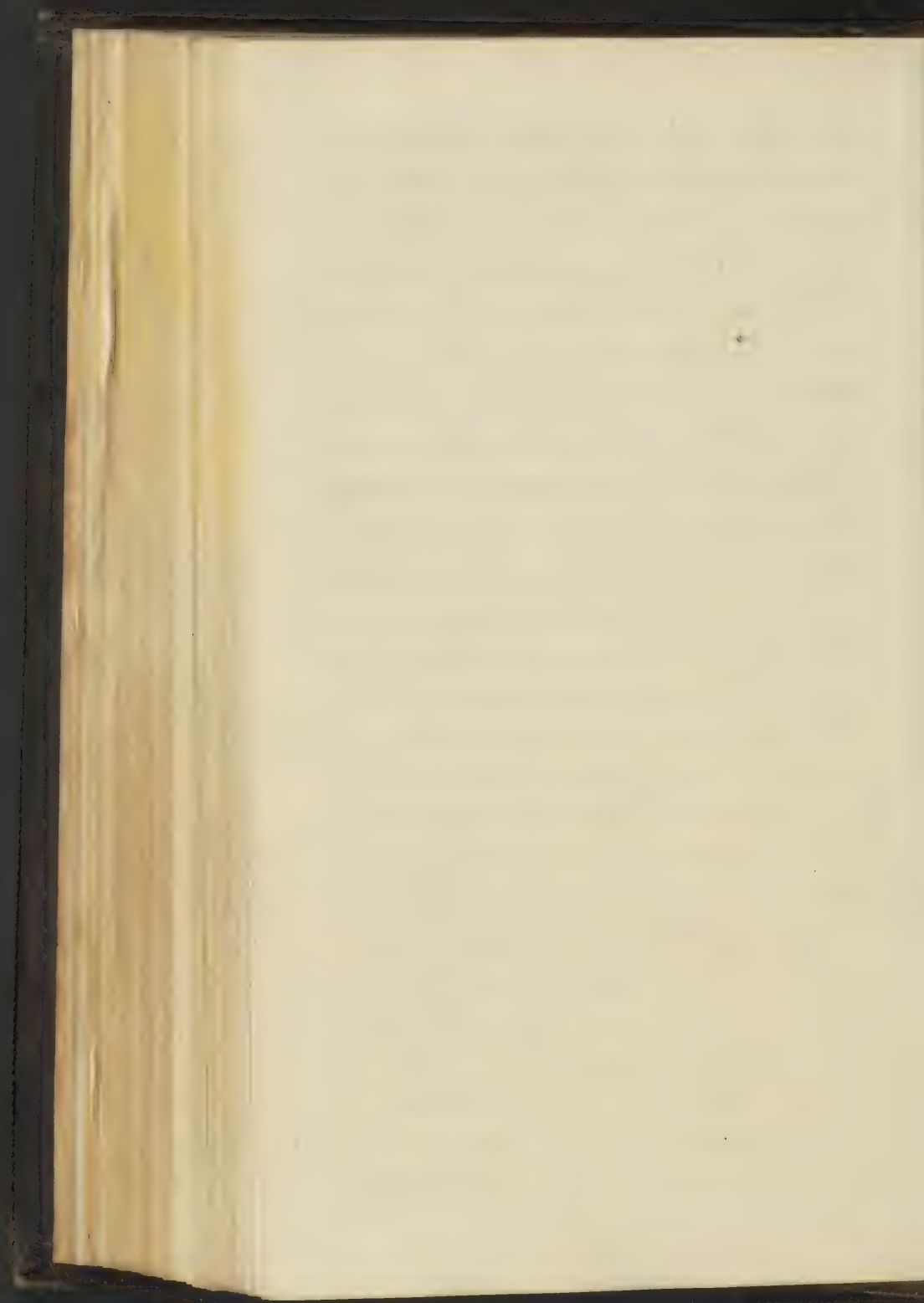
would not with exfoliating; - then take
off the cutting part, and when a sufficient
groove is made, in which the saw will work.
The pie must be drawn out, - but care must
be taken to examine from time to time with
a simple probe that you do not wound the dura
mater, which would endanger the patient's
life, as you may be thro' on one side
and on the opposite only the available of
the skull. - when this portion is removed
if there is depression the elevator must be
introduced to raise it and thus take the
pressure off the brain. - The trephine is
always applied on a sound part of the bone
& the injury would be increased. - Frac-
tures are often situated in such parts as
to render an operation impracticable; as
the Basis of the skull frequently occasioned by
falls on the summit. - The frontal and
longitudinal sinuses should be carefully
avoided as very dangerous, and the
operation may be performed, with caution
where circumstances require. - An oper-
ation on the anterior and superior portion of
the parietal bone where the duramater
artery enters if not dangerous might be at-
tended with troublesome Hemorrhage but



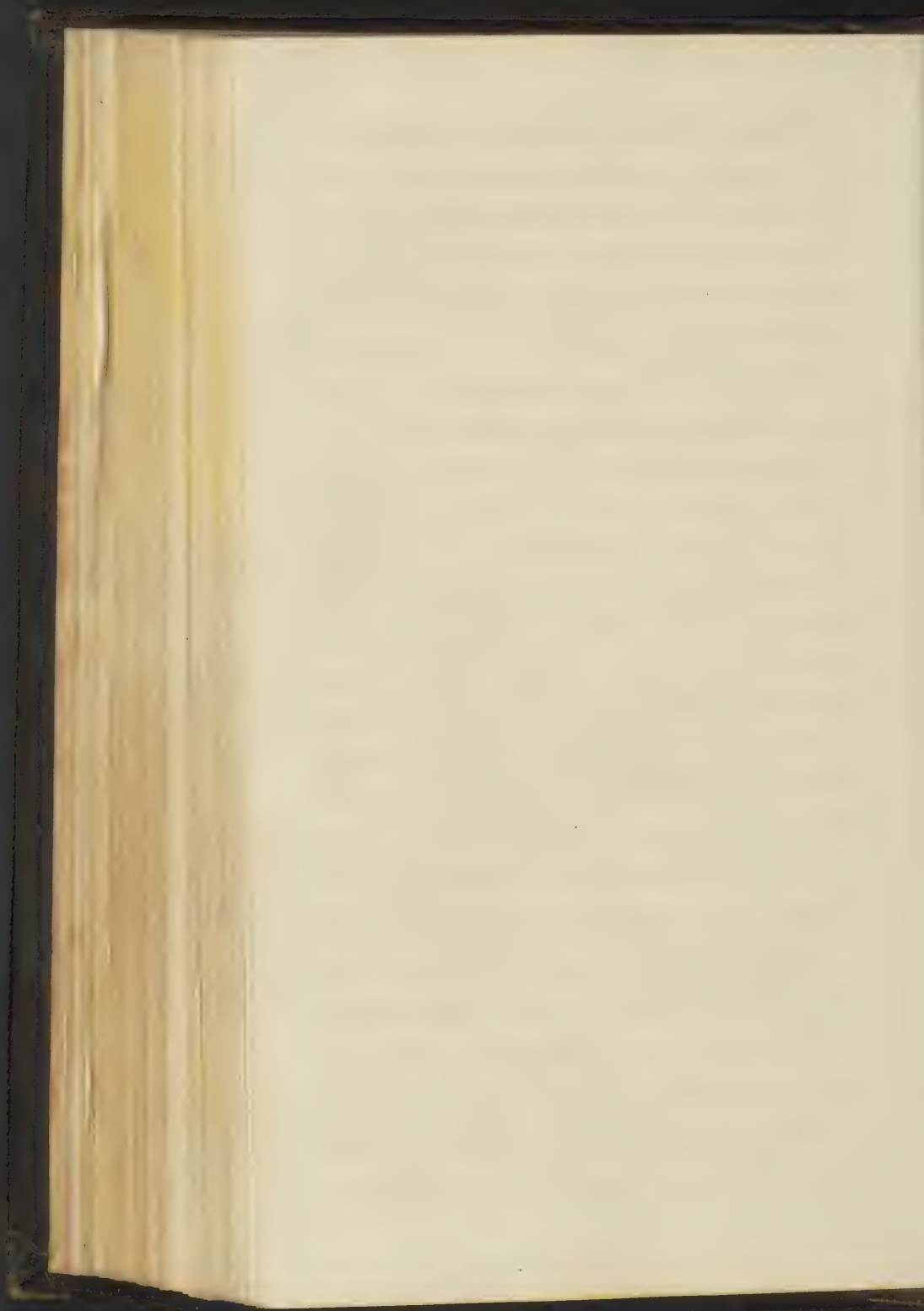
even here it may be done observing due
caution to avoid injuring the artery. I
saw Mr. Clark look out a piece over
the sinus and over the anterior and posterior
portion of the parietal bone - - - - - then the
temporal muscle may be raised to apply
the trephine. - - - - - In fact of the skull should
not be removed as formerly for it is never
necessary however extensive the fracture,
but the pieces must be brought nearly to-
gether, but no attempt made to unite them
by the first operation as matter may collect
underneath and consequently it's better to
have an operation for its discharge. - - - - - In
the case of these injuries a hemorrhagic vas-
cular fungus is apt to rise to which a piece
of dry lint and very gentle pressure should be
applied and are generally sufficient to remove
it. - - - - - The patient should be kept cool and quiet
and never be alarmed as complete serenity of
mind is absolutely necessary to recovery. - - - - -
Mr. G. recommended that in every case
and however trifling the fracture the trephine
should be applied as he said there was always
ejection of vessels and consequent extrava-
sation; but if the dura mater is not re-
sented Mr. C. thinks the matter would come
out without inducing any symptoms. - - - - -



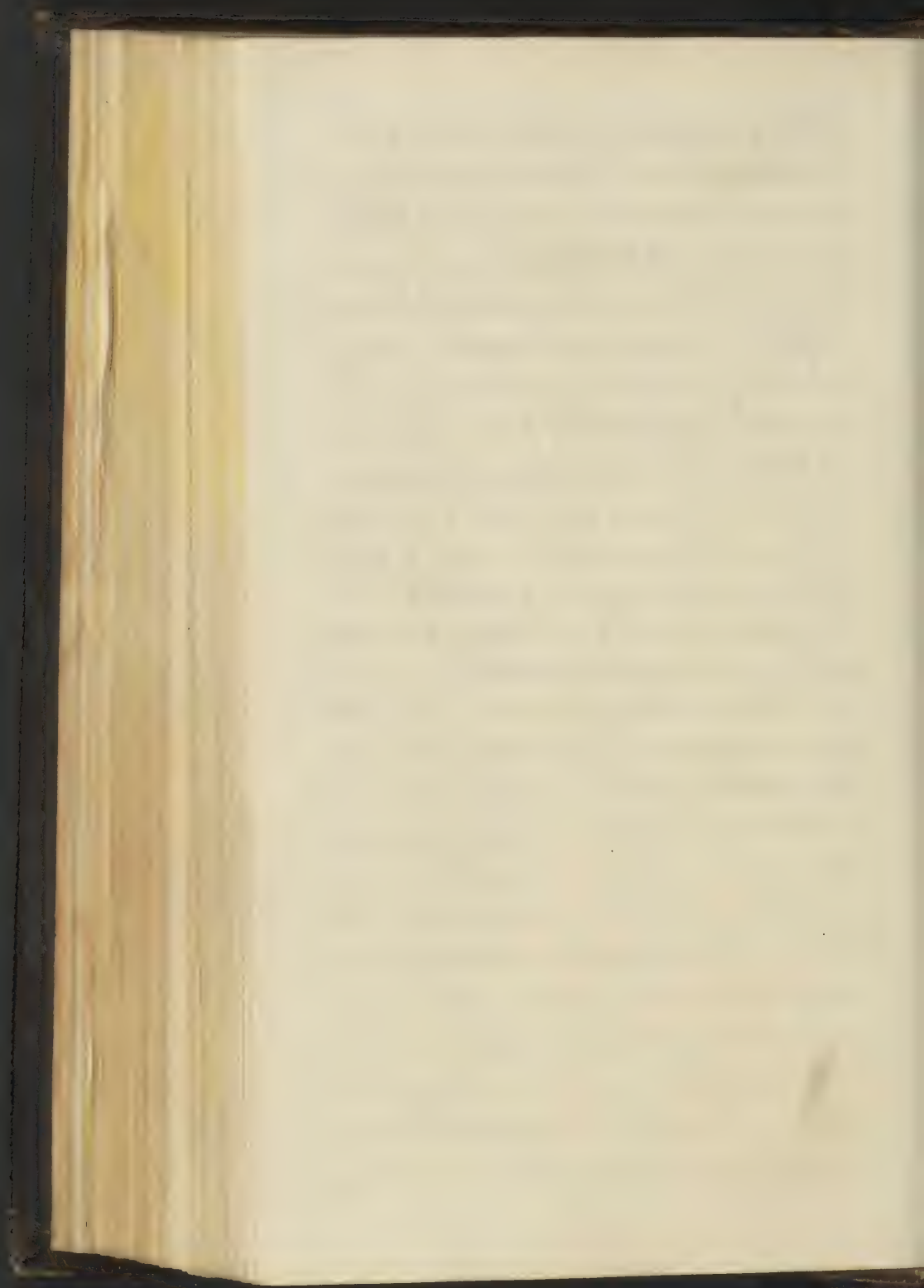
There have been symptoms of depression
where the patient has recovered without an
operation, but where one does fifty would
die: for this they may appear to recover for
while symptoms may and frequently do
recur at a future time. — Therefore in
all cases of fracture of the Skull with depres-
sion — whether with or without symptoms
the Surgeon would lay it down as a rule to
think it right to operate — as it gives the pa-
tient so much better chance of permanent
recovery and life, — he considers the opera-
tion itself as a truss with no danger nor
wound to it carefully performed. — Very
little injury will sometimes occasion great
and dangerous symptoms — as a small spi-
cula of bone which, tho' not perceived at
the time occasions a predisposition for epi-
lepsy and an incapacity to transact
business — In one case of this kind the
spicula attached to the portion depressed
on being moved during the operation bet.
on a violent epileptic fit. — In minor
injuries an attempt with far greater success
in the adult than young subject here in
the bones are more yielding and the brain



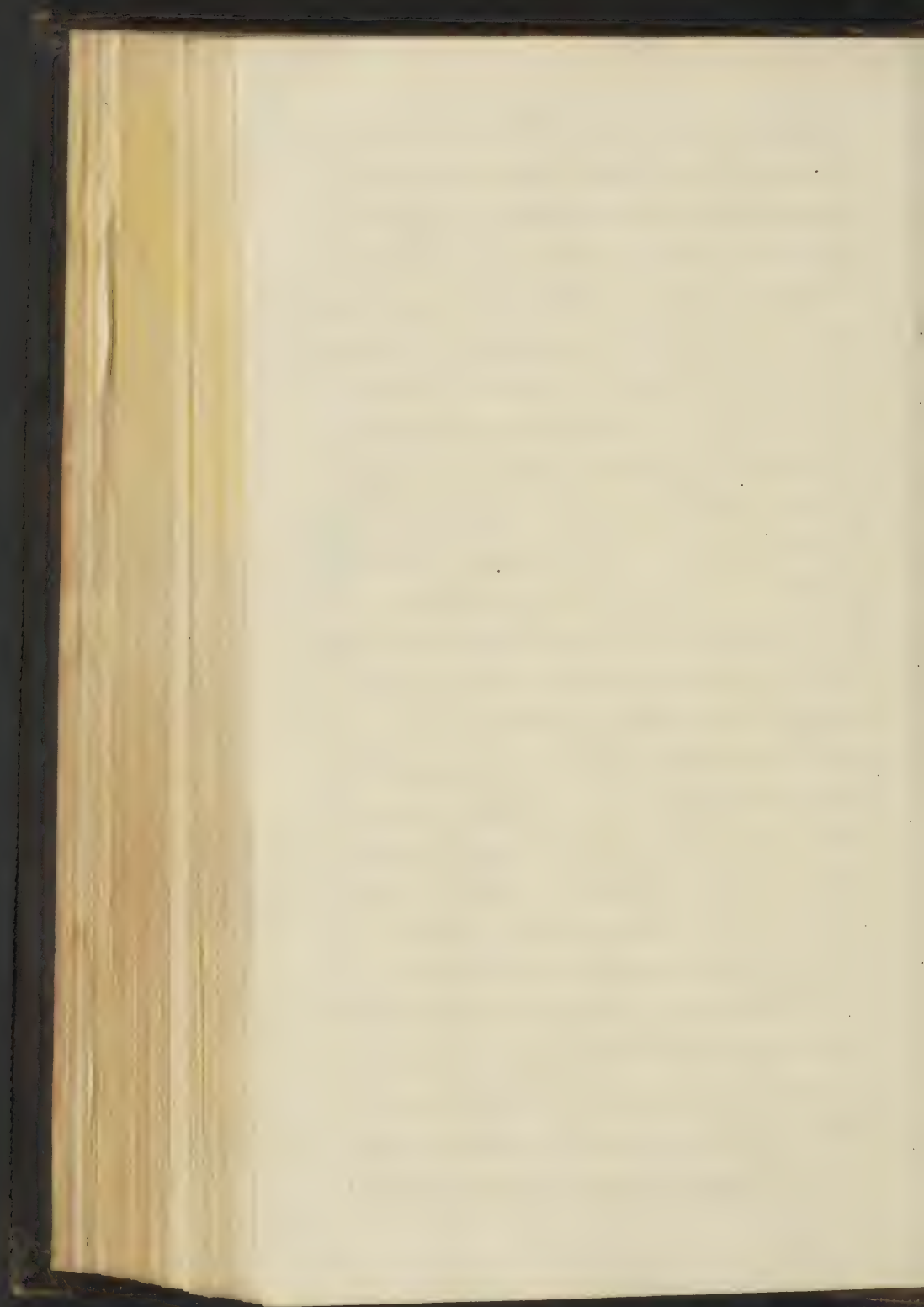
with support, prob. profuse without in-
consequence. - Great was the injury as
extensive as to permanent deformity of
the skull and yet caused within a week
or of years, - but the functions of the brain in
all probability are impaired. - Susan was
admitted into St. Thomas Hospital in a state
of complete insensibility of 12 mos. drawing
no voluntary motion but, in obedient perfect
obedience motions of the arm as to drink water
which he chewed and swallowed, & holding up
the eyelids the pupil did not contract but was
dilated so far as to be nearly out of sight -
no watery thing stimulate it, he would
in 12 months before he withdrew his eye
in putting a bed pan underneath & raising
him to the right stool he has an exorona-
tion. - A depression of some extent being
found on the parietal bone to which put-
terphine was applied immediately upon
the depression which was emitted by callus,
and the portion removed; - when this was done
his head moved - the pupils turned into their
natural situation but there was a dulness
over them which made him appear not to see,
the same evening he opened his eyelids and



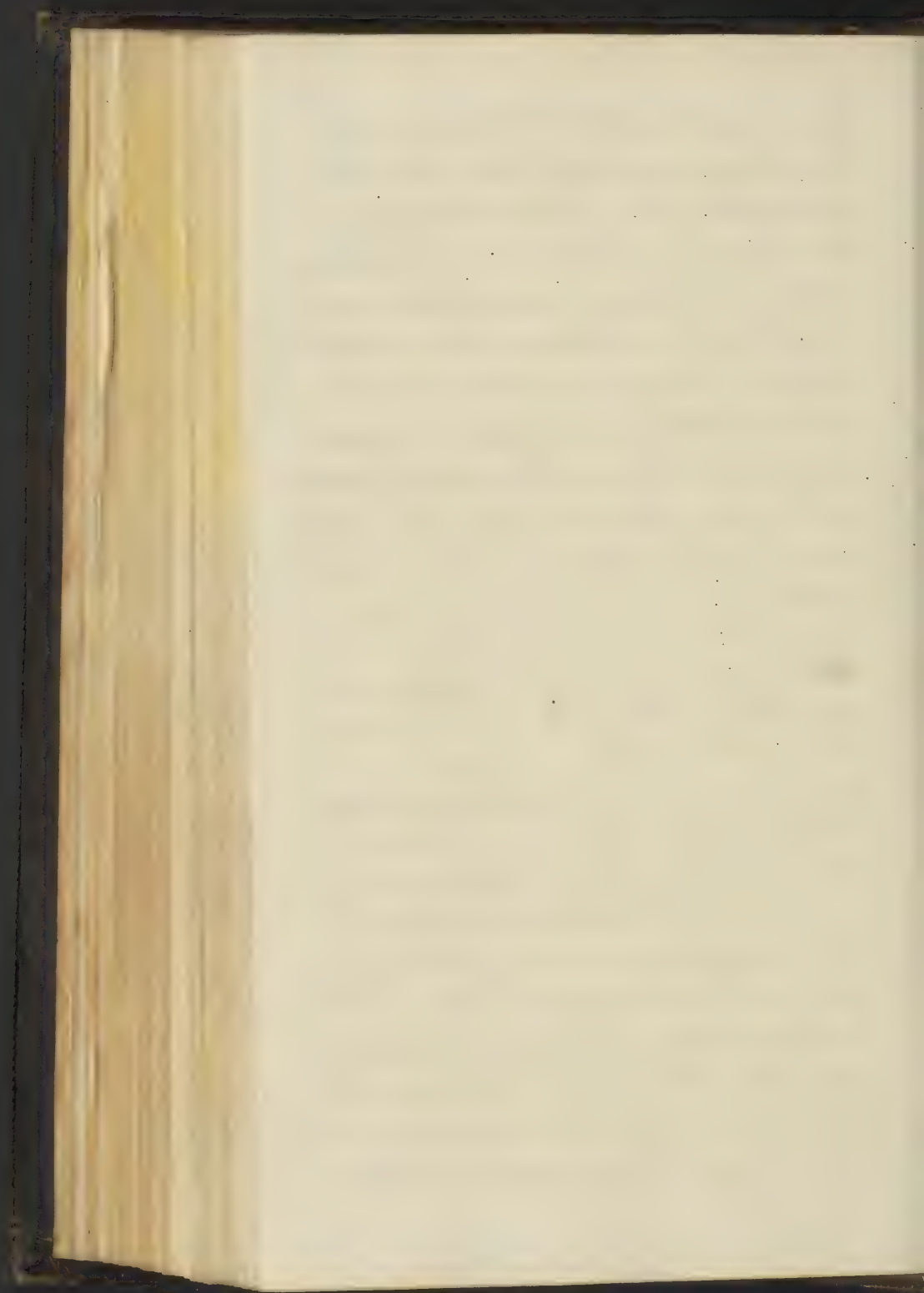
looked at different objects, next day he
appeared rational, and he slowly began
direct answers, when it appeared that he
was cruising off the Sea of Migerca, and
having just taken a prize, he had the mis-
fortune to fall from the mast head from
which time he lost all recollection; he
was in the hospital there 2 mos. then trans-
ferred to Fibrafter from thence to Deptford
and sent to St. Thomas' when Mr. C. operated.
I then with frequent, but some degree of
hesitation, without injuring the skull; when
there will be felt a dull aching pain, some-
times increasing to complete coma - from
which there is no being aroused without the
application of some violent stimulus in spe-
cifics, stertor; and involuntary discharge
of both urine and feces; when these symp-
toms come on in a few hours after the acci-
dent it is a plain indication of extravasation
of blood. Such symptoms often supervene
immediately on concussion, if there is no
visible contusion on the scalp you know
not where the injury lies - but when there
is a wound, enlarge it, apply the trephine
and take out a portion of the skull, when



If there is extravasation the blood may
be removed from the membranes and soon if
these symptoms have continued along time
the patient will soon recover. - But when
the injury is deeper so that you have no other
chance than to promote absorption by bleed-
ing purging and gentle diaphoretics with a
small regimen. - Inflammation of the
brain and its membranes, the consequence
of injury to the head, is more dangerous than
any other species; a hurt is sometimes tho't
of little or no consequence from the pain
soon going off and being no wound of the scalp
but the usual mode of lying and exercise
being followed these symptoms may arrive
at the end of a few days or weeks; - still ti-
dory - increased pain in the ear - heat &
swelling - pulse quick small & hard -
light and noise offensive - tunic conjunc-
tiva bloodshot or more red than usual - the
restless and anxious pain in the head increas-
ed to throbbing on the application of cold
to the surface of the body: all which being in-
dicating of inflammation of the brain or
its membranes you should immediately
bleed the temporal artery and bleed to the a.



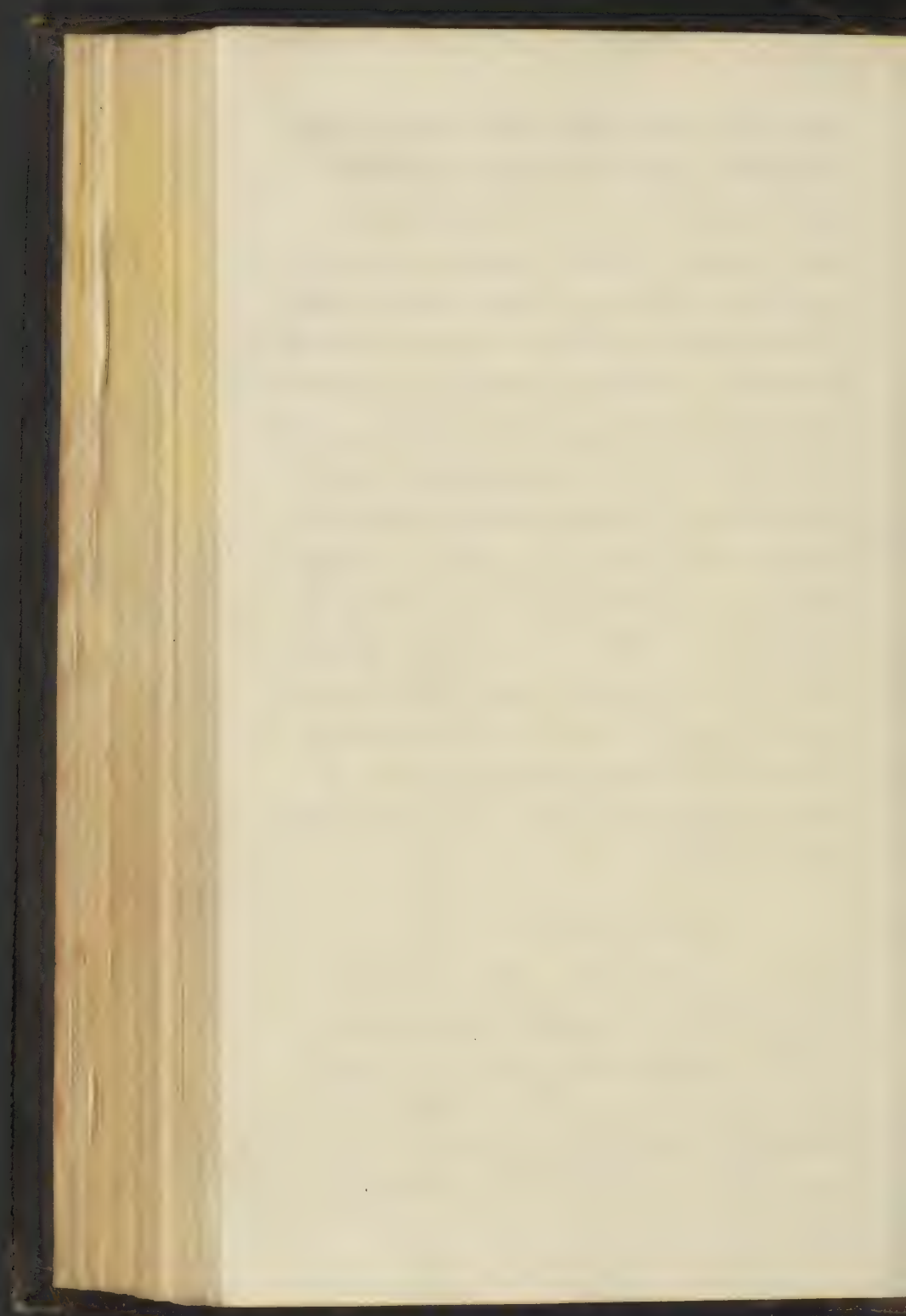
moment of 30 or 40 gr . till the pulse or the
pulse becomes manageable. then give Mag-
nesia citriol. \mathfrak{ss} in Infus. Rosa quæque
he is. keep him constantly in bed without
exciting heat produce some determina-
tion to the skin - the Haust: Salin. et. Ant.
tatar: - but if these symptoms continue
repeat the bleeding in the opposite temporal
artery afterwards from the external jugular
or the arm as often as the pulse becomes too
low, three times in twenty four hours: that he
must be shaved and if there is a pimple in
the skin make an incision on the opposite side to
the blow; repeat the evacuation so long as the
symptoms continue; but when the pulse
becomes soft and calm - neither bleed nor
purge but keep up the diaphoresis which now
will afford the greatest relief, - but if the
patient grow delirious and light and noise
become insupportable, rest is absolutely of the
utmost importance, nothing that may in-
cense or that is likely to agitate him should
be said as a tranquil state of mind is requisite;
apply a blister behind the neck, but not till
after other evacuations have been pushed as far
as you can; if the inflammation still con-



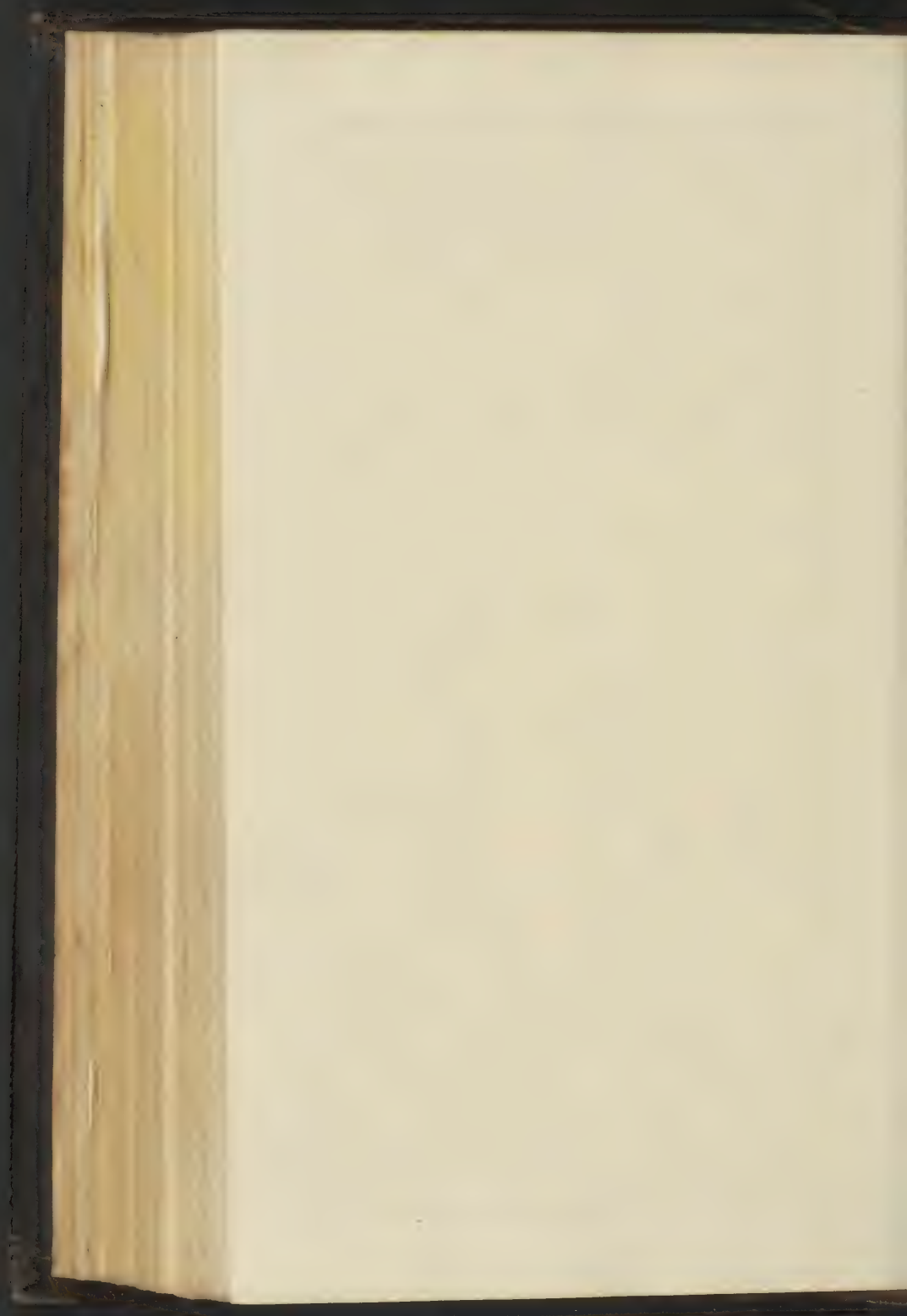
time the deposit of matter causes para-
lysis of some extremity, and death takes
place as in fever. - Even when a pa-
tient engages in strong exercise, or in or-
any thing which increases or accelerates
the circulation, should on any account be
forbidden, as the sensations are sometimes
lost for years rendering the person incapable
of eating animal food or drinking a single
glass of wine. - Symptoms of inflamma-
tion more often come on where symptoms
of depression do not occur immediately after
the accident - that it is necessary that the
injury be ever so slight to put the patient
upon a very spare diet and bleed and purge
which must be strictly followed up - as for
want of it many lose their lives who might
otherwise be saved. -

Pleurisy.

Pleurisy is a collection of fluid in the Cav-
ity of the thorax arising from inflammation
of the pleura - It follows pleurisy or perip-
neumony - a more common effect of in-
flammation of the pleura is adhesions between
it and the lungs - Hence the act runs on



the same supposition still may take
place - which being confined to rather
thinner - and appears to be in proportion
to the force being exerted the latter
supposition appears - - the nature
of the situation of the lungs must be taken
into account the matter is suddenly caught
up - at other times occurs between the ribs,
but as soon as it makes a protrusion of the
instruments it should be opened - as it is
very desirable to have an unobstructed
and settled, but when this opening in
the respiratory should be made in such in-
direction as the purpose is exposed as a way in.
but at last the lower of the lungs in which
the disease is situated becomes consolidated
respiration is performed only by the other
side the matter continuing to accumulate
the chest becomes enlarged or distended on that
side - might compress - the great vein & lung
in a permanent position - but only half the
lung or having forced - puts - must speak
from M to M, then the only chance of re-
lief depends upon making an opening into
the chest which must be done between the
2^d & 3^d ribs near the ribs midway between the



Stomach and spine drawing up the in-
guinals first, pulling them thence the
intercostal muscles are formed on the
upper surface of the seventh rib by which
you avoid compressing the intercostals -
by thus introducing a lobular and af-
ter all the matter is discharged thro' the
canula - the breathing by drawing over
back figure etc which forms a valve for
the exclusion of the air - and allows the pa-
tient to breathe freely by a free expansion
of the lungs - A several cases of severe
respiratory in children were the cause
of age. The Child has discharged a tubercular
basin of matter. - The Child comes away daily
till the Child's health is restored and the chest
appears its natural figure. -

Enlarged Tonsils

The tonsils are very tender glands
and catarrh in some subjects increases in
inflammation sometimes so great that
they can be excised with much diffi-
culty, just as they are in breathing and
swallowing. But they are very liable to be
drawn by pressure with a needle, and in



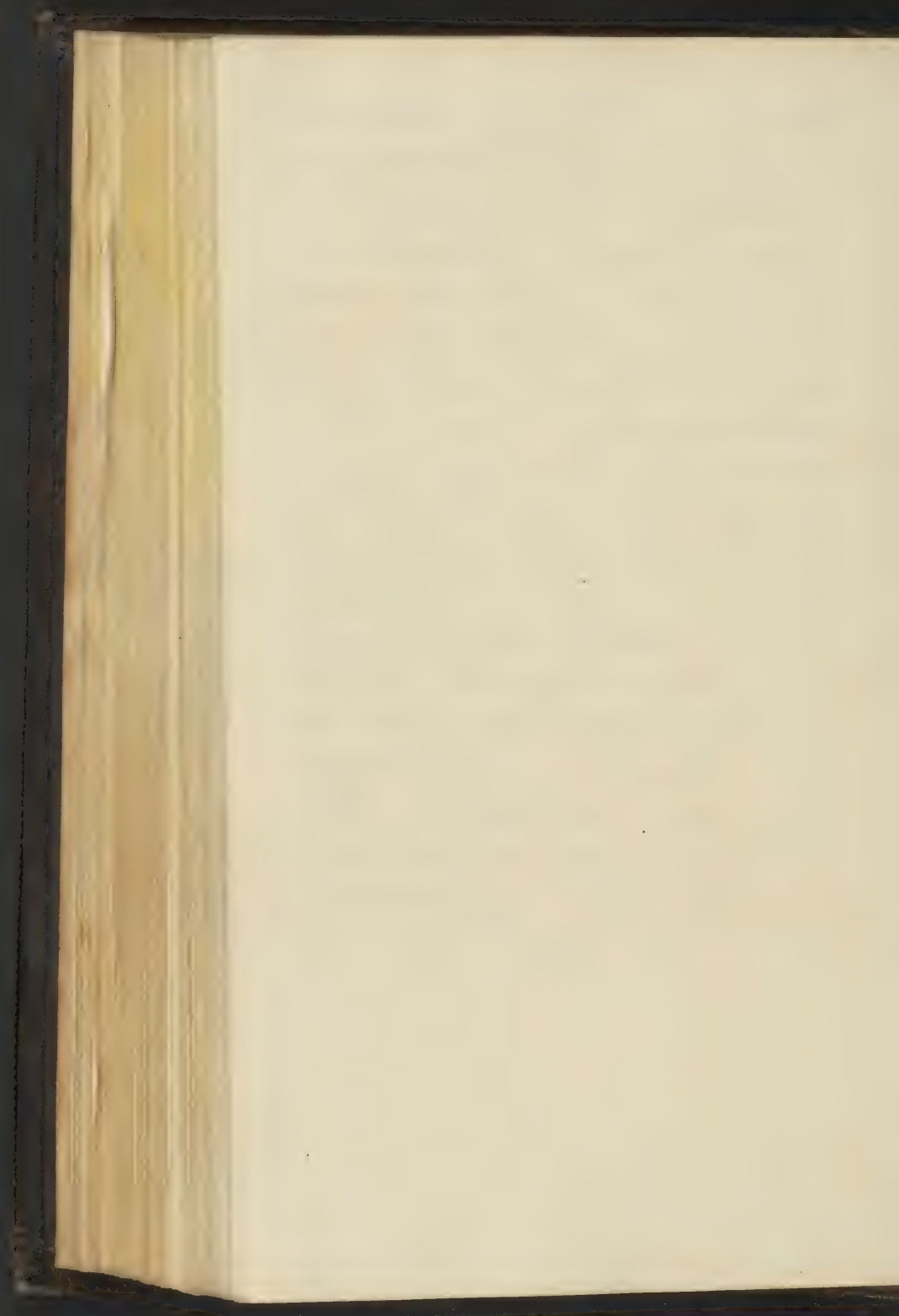
not a large supply of vessels as in
as which with freedom & slight tension
be on blood - and this is the basis of the
work - But it is the early & frequent
suppuration takes place when the blood will
only be obtained by a deep penetration of the
out the matter when it does not yield to
an antiphlogistic plan; - but frequently
rather more pronounced in an acute
is the thickening of spirit with interruption
in malnutrition. - But sometimes these
enlargements arise without any other cause
than a contagious habit - he seen and
nothing with improvement of the general
health are to be ascribed - There are inde-
ed enlargements which not yielding to any
of the usual means of treatment however in-
dicated are an impediment in general cal-
leschismous - but Mr. C. was sure that
are cancerous - rather are they, like other
glands, subject to cancer; which would be
one if isolated upon as they cannot be
treated singly altogether but some part
must be left. - Hence there are ex-
actly suited to great injury in accident
of this situation (hard). *Hickman's*. 1811.



does not say proper for the removal
being so vascular troublesome & sometimes
size and to which an account of the irre-
sistibility of the parts nothing can be applied
is supposed it without giving great suffering.
Mr. Hunter was the first to remove
them by ligature - which he introduced
as by passing in a Tonsil-probe with
a double ligature - tying one in the
hand and passing the other round the
base of the Tonsil where it must be
tied - by introducing a Tonsil-Pin
upon one ligature and drawing at
the other; but when you can reach
the Tonsil is the best instrument that
can be used to pass the ligature round
the base of the Tonsil - when tied knots
must be tied tight - Knots of course -
by intercepting the circulation will
destroy or remove the Tonsil. - Some-
times the base is so large - that as soon
as you attempt to pass a ligature
round it slips off - here a Tonsil-
probe having an eye - the point
must be used which with a double

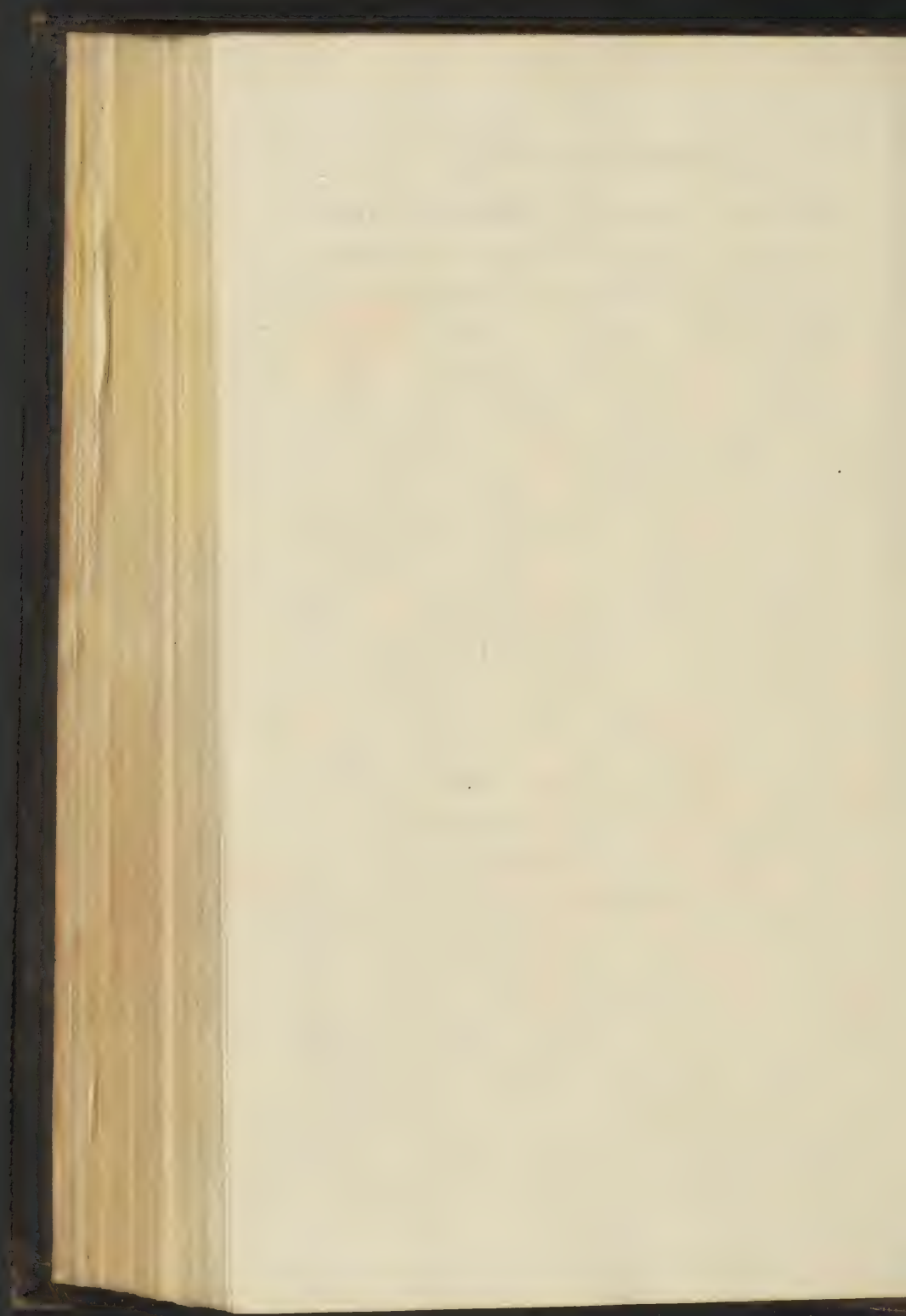


ligature must be passed thru the Tonsil.
one ligature must be tied above and
the other below thus including the whole
base of the Tonsil. But when it has
been passed thru and from the involun-
tary motions of the tongue you cannot
lay hold of the ligature with the hook it
is extremely inconvenient. Here you
must use a needle and ligatures of the
common kind but one of each black &
the other white. when by motion in-
sufficient to hold the needle push it
thru the base. Then loose the needle
and draw it thro' with a pair of fo-
cups divide the ligature tie the
black end with the Tonsil iron to in-
clude the upper - and the white the
lower portion of the Tonsil. After
the removal of the Tonsil the part
soon heals with the application of
an astringent gargle.



Hæmorrhoids.

These are a varicose state of the veins
painful, & inflamed - accompa-
nied with swelling and sometimes ex-
travasation - They are either external
or internal - the more frequently
external - those within the sphincter
are often filled with a coagulum of
extravasated blood; - they are very
common in sedentary & hot consti-
tuted habits - and this more particu-
larly with seamen when at Sea - Medi-
cines which only keep the bowels regular
are the best - as sulphur; - from the
same pain more active means are
sometimes necessary - as the applica-
tion of Leeches the nearer to the part -
the better - if these cannot be got
make punctures with a lancet, but
when there are numbers you generally
find one more particularly prominent -
mark it then a circle which may keep
up the swelling of the others this should
if inflamed be cut away by taking
hold of it with a pair of forceps & with



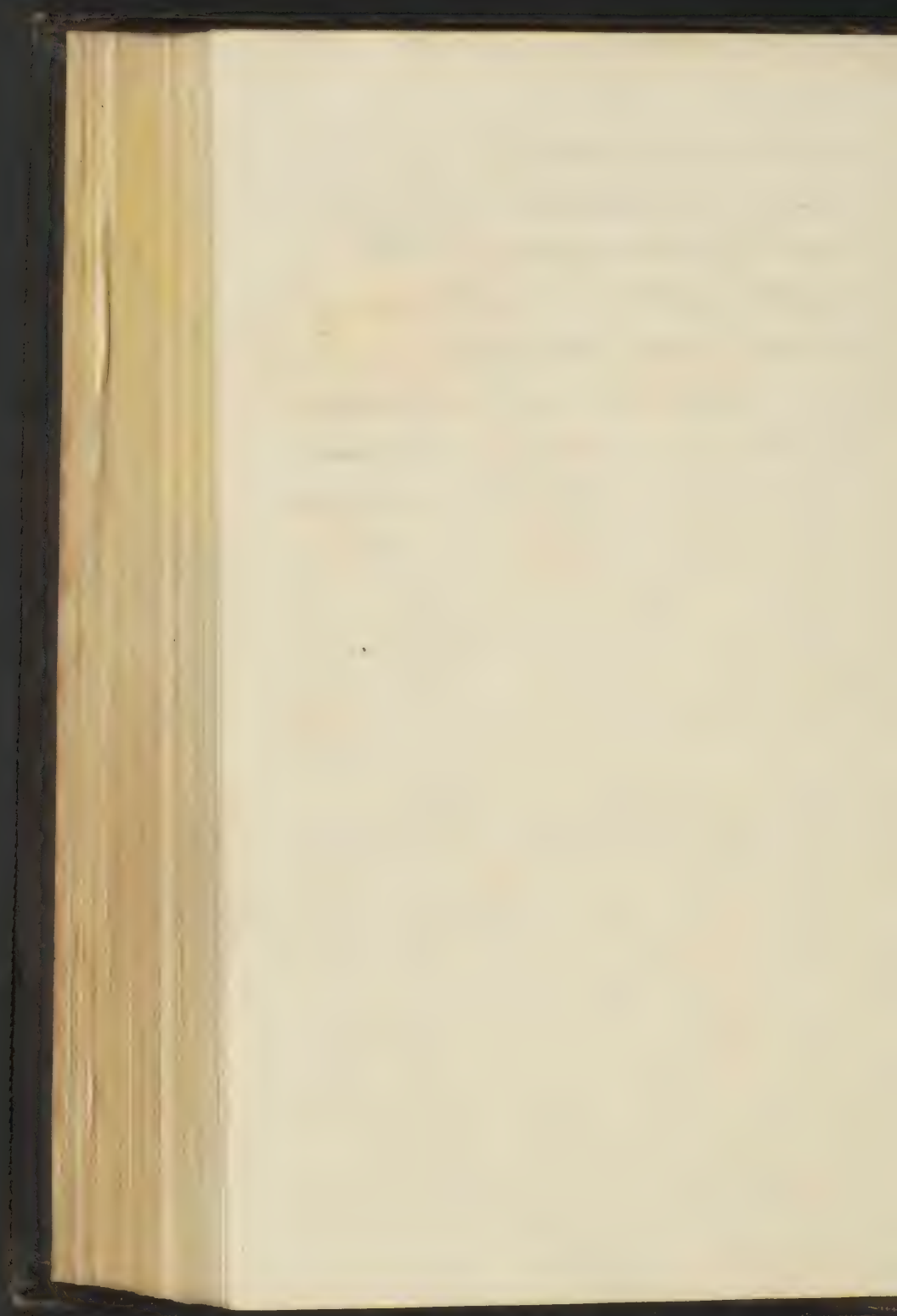
from point to history cut it off at
our decision & let him loose. Ix
of these before you suppress the haemorrhage:
but when they have continued a long
time with a difficulty of ex-
pelling the faeces prolapsus ani is a
common consequence - the pain and
difficulty many times is increased &
from the protrusion of the rectum the
veins are enlarged and there is great
difficulty of returning it - which
might more easily be done by setting
the patient on his knees and elbows
and using a gradual pressure - or
if inconsiderable sitting on a hard
seat may effect its reduction -
Sometimes three or four hours elapse
before they become tolerably easy -
and an erect position of the body in-
creases the pain without any suc-
cess push down the rectum - here
a plate must be constantly worn to
relieve the patient. But when there
is great weakness you had better re-
move them by ligature in the mean-



ner mentioned when treating upon
Tumors when situated without the
 verge of the anus or if within -
pass the ligature when they come down
and then return the rectum - Ligatures
generally give great pain for 48 hours.
but as soon as mortification ensues
they grow easy. If the tumor is improm.
then tumors protrude from the re-
ctum if not of a schirrous nature
they may be removed by ligature - but
if schirrous the removal sometimes
increases and increases the complaint.

Polypus of the Uterus & Vagina.

These gradually enlarging - extend
the Mucosum into the vagina -
become very troublesome - sometimes
protruding upon the orifices of the uterus
the cause of retention of menses - thus
an operation becomes necessary for
their removal by ligature - when a
cure of Dr. Hunter is often successful.



examination and distinction be-
tween the Os tumor and polypus -
must be paper round with a dou-
ble ligature - the ligature being first
put thro' a ring and each end tied to
the projecting ends of the handle of
the ring - which must be inspected
from day to day and drawn tighter.
Sometimes the Polypus grows from the
Cervix uteri and then causes a com-
plicated retention of urine. —

Enlarged Uterus.

Arises from inflammation & sub-
sequents swelling - and sometimes
requires an operation; - but if occurs
astringent gargles will sometimes
cause them to contract - when in-
dolent and long continues push a
pair of Forceps round it and with a
pair of scissors snip it thro' out of its
ring of its natural length - the
Hæmorrhage is always very incon-
siderable. — — — — —



Paracontosis.

There are two species of dropsy:—
Ascites within the peritoneal cavity
which is the least favorable for an
operation on account of the inflam-
mation of the peritoneum;— Hem-
ycystic Dropsy or dropsy of the Ovary
which may be tapped with im-
punity a great number of times.

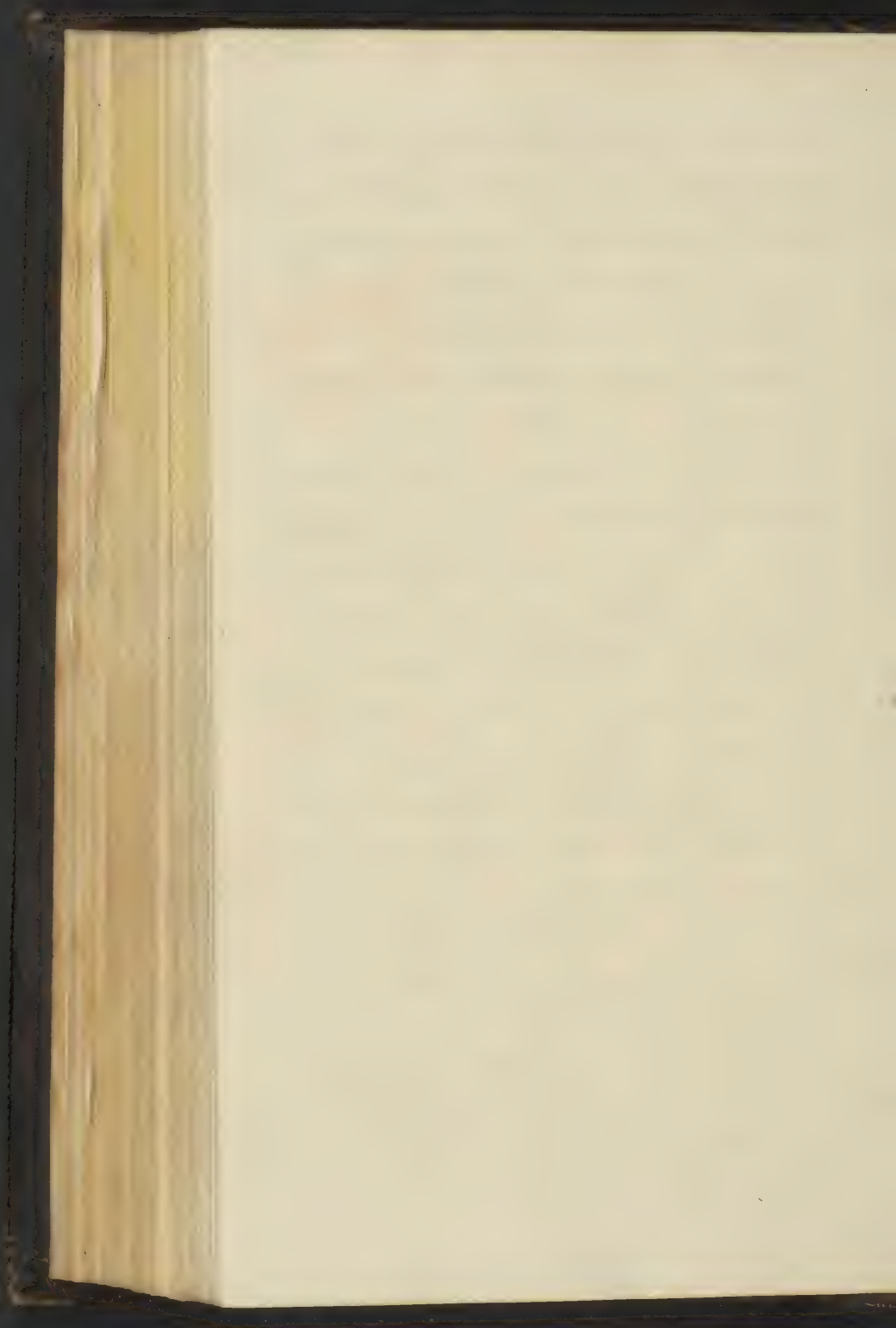
Sometimes there is a number of pro-
truded parts on the surface of the
abdomen—sometimes general an-
asarca when it may be necessary
to avert the state of the health first—
Surgical ^{ovarian} does not injure the general
health—They are felt first only on
one side—but at last extended across
the abdomen with undulation on
striking—and imperfect expiration
from pressure on the diaphragm—
Here an operation the abdomen with
some risk is necessary in almost



be performed by a Trocar and canula.
It used to be performed between the
navel and superior spinaous process
of the left Ilium - to avoid an enter-
ic Symp. but this place has been
too evanescent and the patient dies
in death. - Mr. Clinis method now
is from having once divided the a-
pigastic artery in this situation
to make the puncture in the Lower
abdomen under the navel. - In the a-
bove case the swar dies from inter-
nal Hemorrhage an hour after the
operation. - When the abdomen is
distended the artery which runs on
the middle of the Costas when it is
exposed is carried along with it
to exactly midway between the na-
vel and spine of the Ilium - that
Mr. C. has since always made the
puncture in the above situation.
First with a Lancet which takes off
the danger of wounding the viscera
then enlarges by the force which is



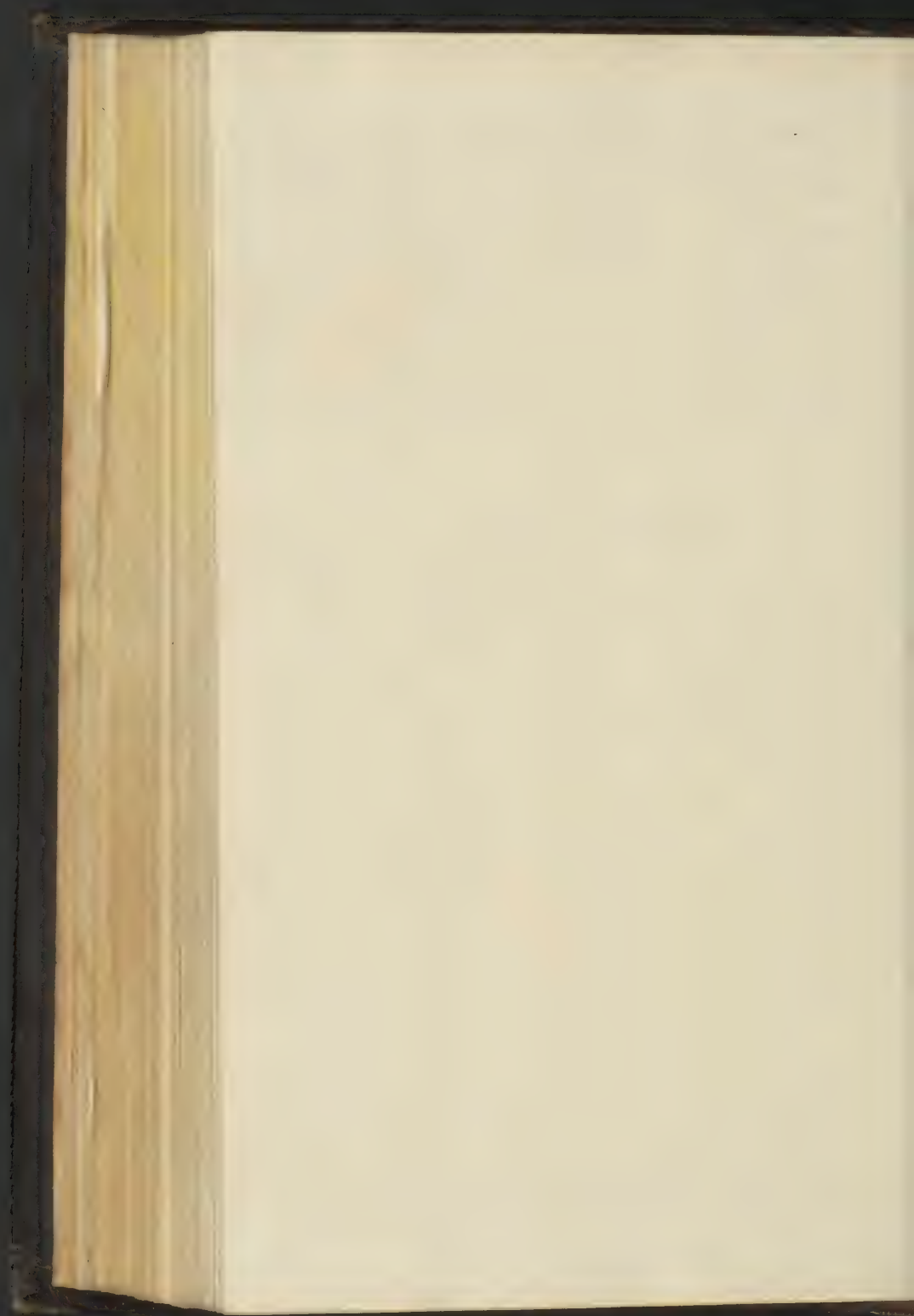
required for the puncture. - In
order to prevent extravasation du-
ring the operation - it is necessary
to pass a sheet round the abdomen
& keep up a constant pressure on
the parts equal to that of the water
evacuated - Great inconvenience
arises from making the puncture
whilst the patient is in a lying po-
sition - for tho' it prevents fainting
the viscera fall upon and obstruct
the flow of water thro' the cannula - &
it once happened to Mr. C. to wound
the viscera by introducing the trocar
in this situation - & the man bled
to death from an artery of an un-
usually enormous size which was dis-
covered & of which he would have died.
In using the trocar if the cannula is
not very long you can't separate
the fluids - nor will it be very large.
The fluid is so thick, sanguinolent
or contains hydatids which get into
the cannula - Mr. C. is now to



with a case of the gelatinous sort - in
which tho' the patient had been tapped
three times nothing would follow - but
at last by the constant pressure of
the abdominal muscles she became
cured - but inflammation of
the cyst coming on destroyed her. -

Cataract.

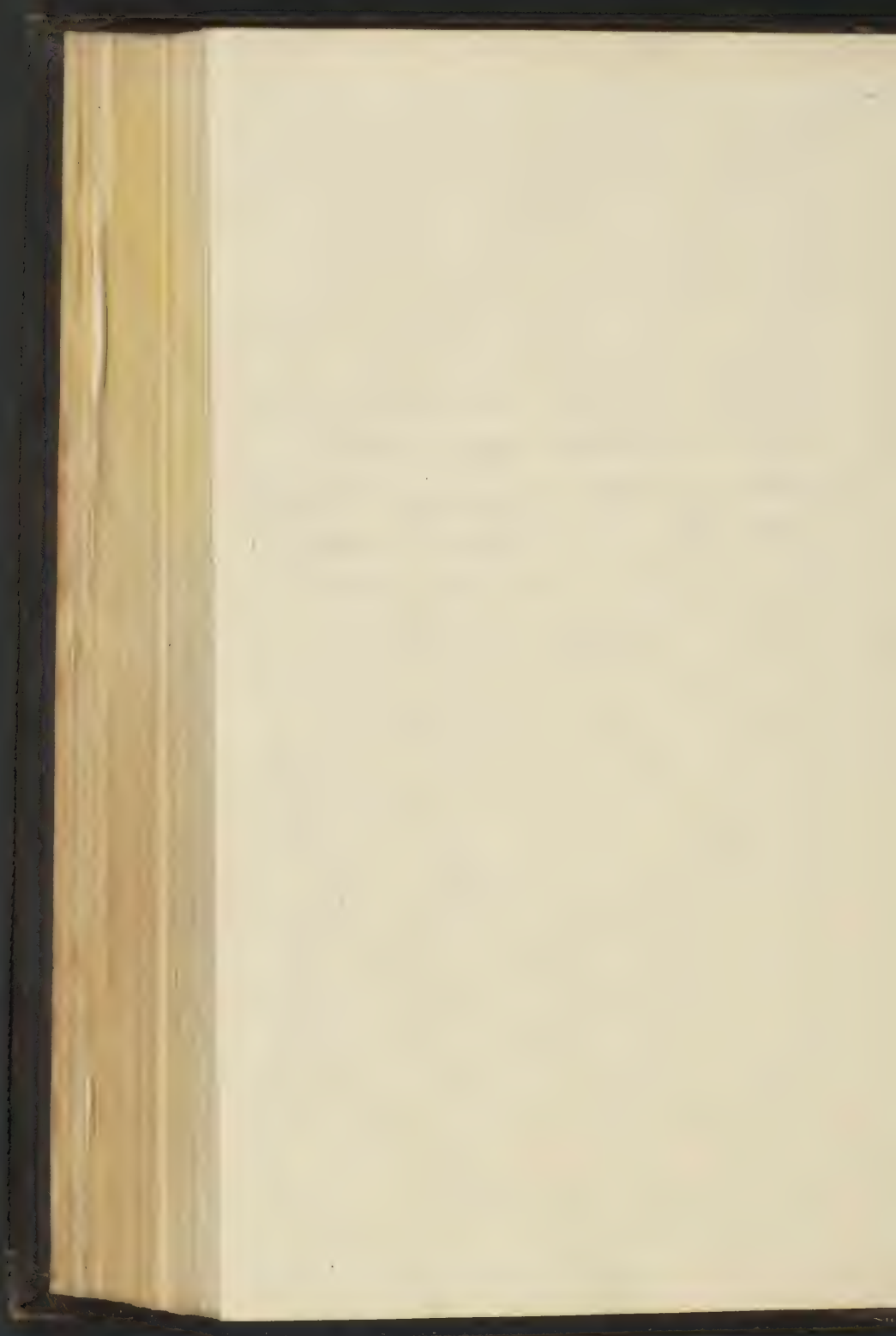
Loss of opacity of the crystalline lens,
from which vision is lost - this
change begins in a small spot or
speck of a white color - which in-
creases till the whole humor becomes
opaque and intercepts the transmission
of light - but some times may pass
tho' the edges of the lens to the retina
from which he may be conscious of
light but can't distinguish any objects
till when the pupil contracts and
dilates it is a favorable circumstance.
but when not the same may be dis-
eased or there may be adhesions of
the Iris to the capsule of the crystalline.



also this alk. virus - This disease
comes on insensibly - in general
without pain - tho' sometimes there
is a pain felt before in the upper
part of the orbit. - Mercurius has
no effect therefore an operation is
absolutely necessary - but some-
times a cure has been effected by
a violent inflammation and eris-
tation in consequence of an un-
successful operation - or a blow cau-
sing inflammation in the trans-
parent Cornea - and producing
absorption of the crystalline humor.
They are at first found a what is cal-
led milky cataract - which exists more
frequently in young than old - in-
fants are sometimes born with it;
Sometimes there has been found an
earthy substance - but here the
cataract is generally of a brown color.
Cataracts occur at all ages - and
in some cases there is an heredi-
tary disposition to this disease.



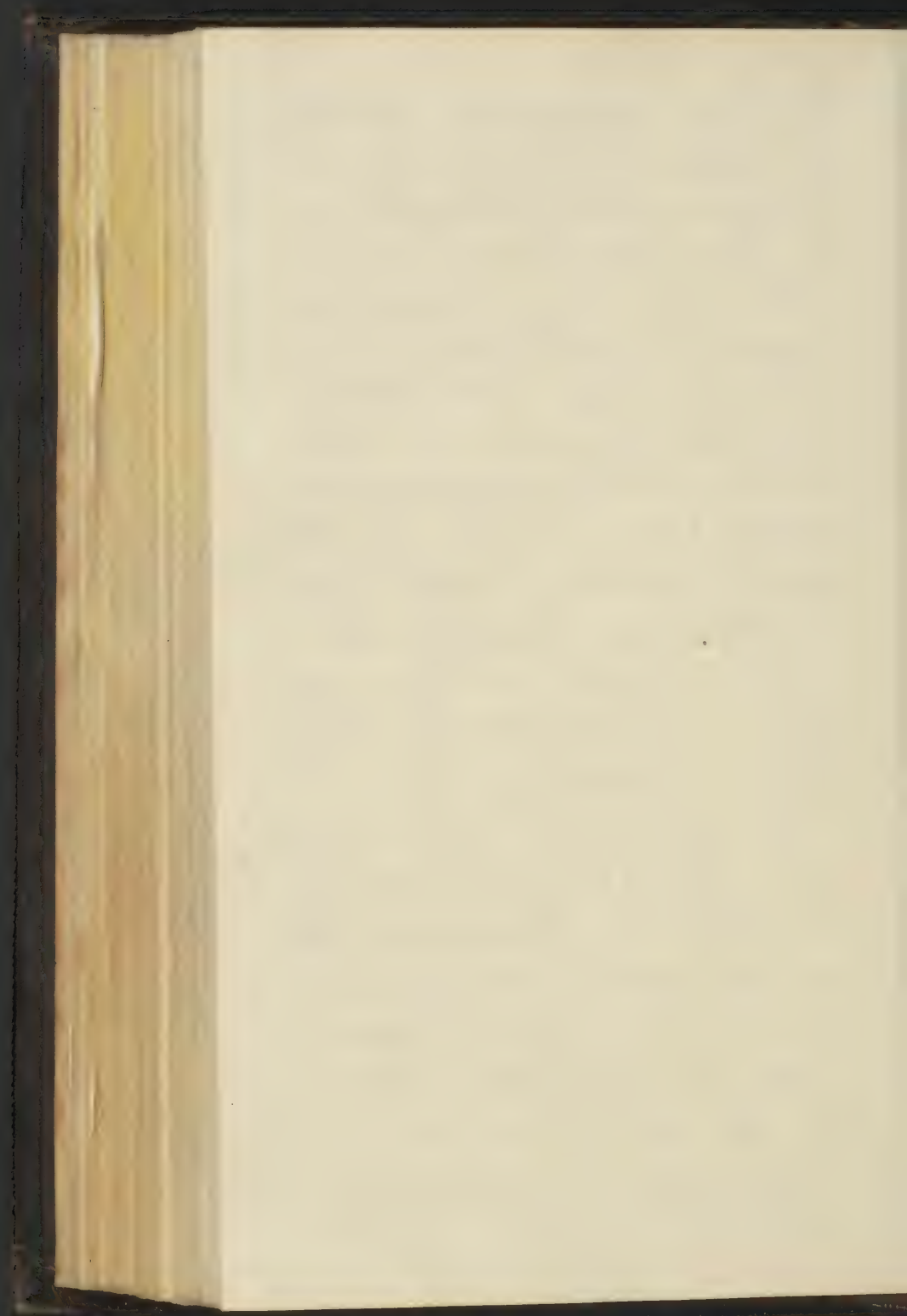
A man at 25 and his two sons one
at seven and the other at fifteen
years of ages. There are circum-
stances to be objected to an oper-
ation - as a cataract in one and
not the other eye - as if the operation
is here performed sympathetic
inflammation may prove the loss
of the other - if not one be open -
to open it is without benefit as
the focal distances of the two eyes
will not correspond and he would
be better with one than both eyes
if he were to wear a convex glass
over the operated eye he would have
to contend with the difference of
size in the objects - but in short
no operation ought to be performed,
until both are affected and then
operate upon both at the same time,
as there will be no greater disturb-
ance of the system and a double
chance appears for the cure. -



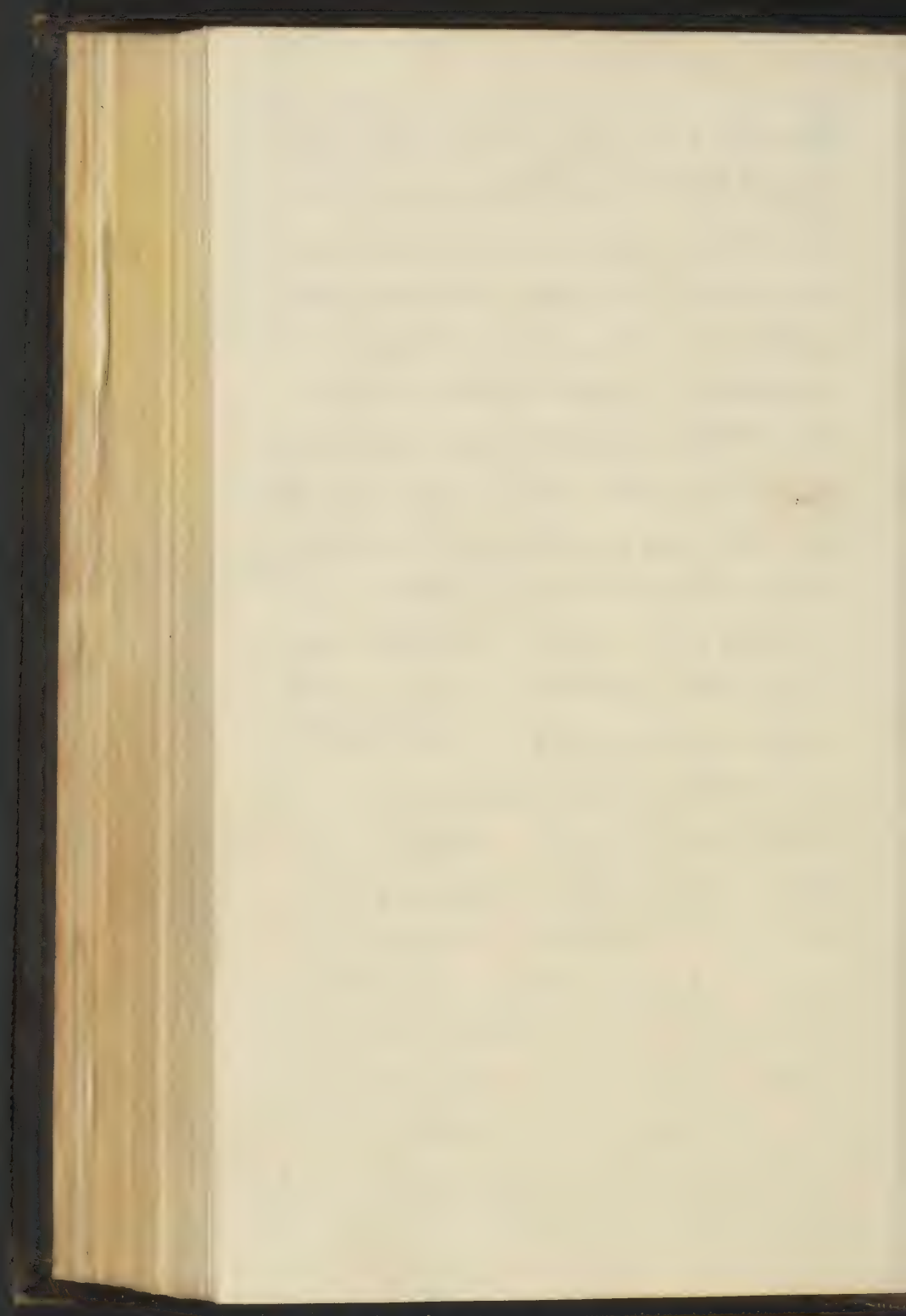
The adhesion of the Iris is in some measure an objection - but still not sufficient to prevent an operation - There are two ways of operating for cataract - One is called extraction and consists in removing the lens completely; - the other is Depression - which consists in moving the lens out of the line of vision or displacing it. Depression or Couching - is performed with with a needle - that small instrument & cutting on both eyes - The patient should sit on a seat below the operator - if he sit low the patient should be on the floor, that the operator may have sufficient command of the eye without raising his hand - The best light comes from only one source & the patient placed so that the light may fall obliquely between him and the operator - 2. The patient



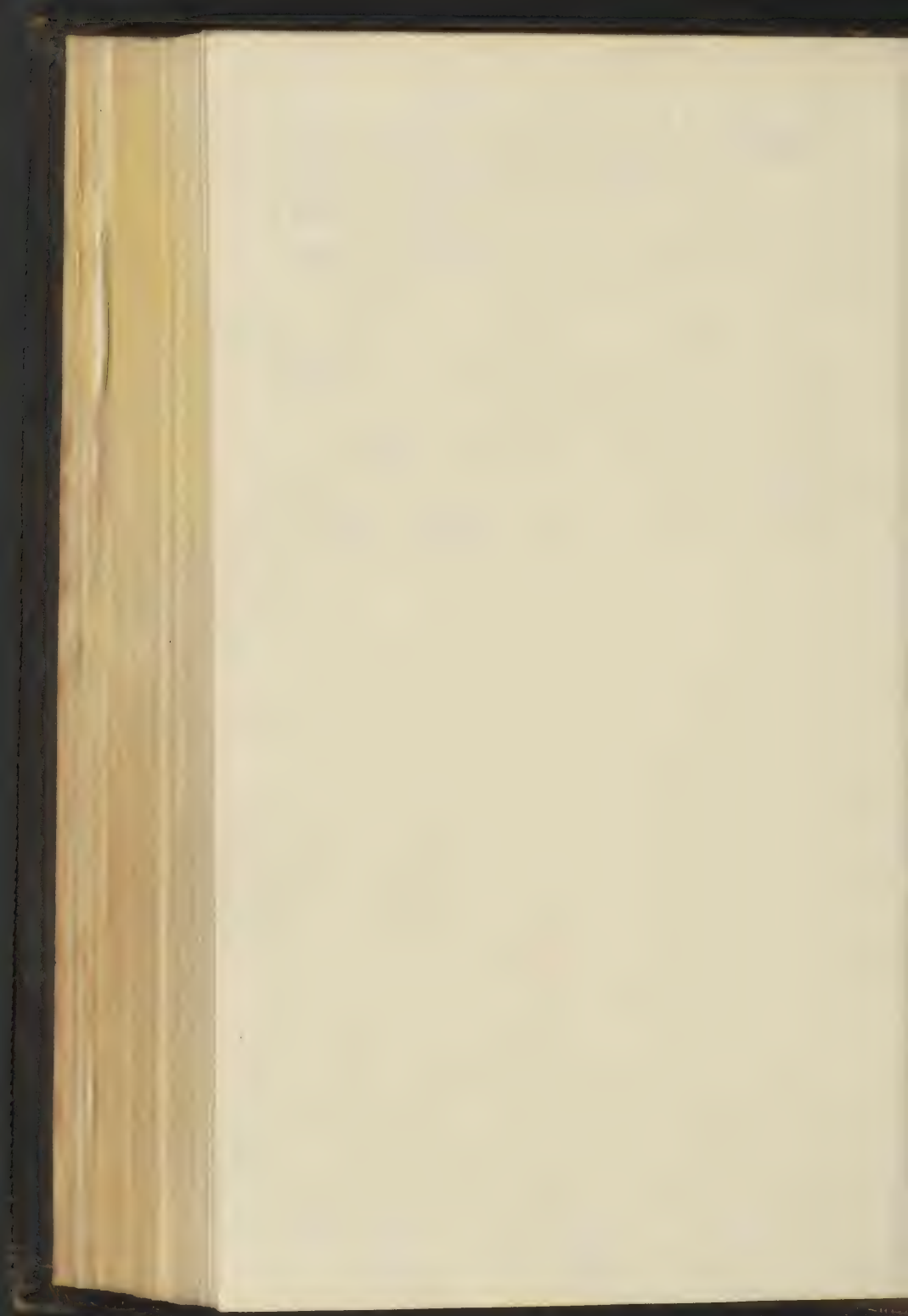
told by an assistant placed before
him who with his fore and middle
finger must take hold of the upper
eyelid and press it against the
cheek and bring the globe - using the
right hand for the left eye - vice
versa - the operator with his
open hand may draw down the
lower eyelid and press it against
the globe to steady the eye - then to
bring the needle between the fingers
near the temple pressing his hand
upon the temple with the other two
fingers - using the right hand for the
left eye - vice versa - the needle
should be passed thro' the outer cor.
near - about 10th of an inch be-
hind the Cornea transverse to it.
and the outer Canthus to avoid
the ciliary processes and continued
to the upper part of the crystalline
then turn the flat side down and
pass the cataract into the vitreous

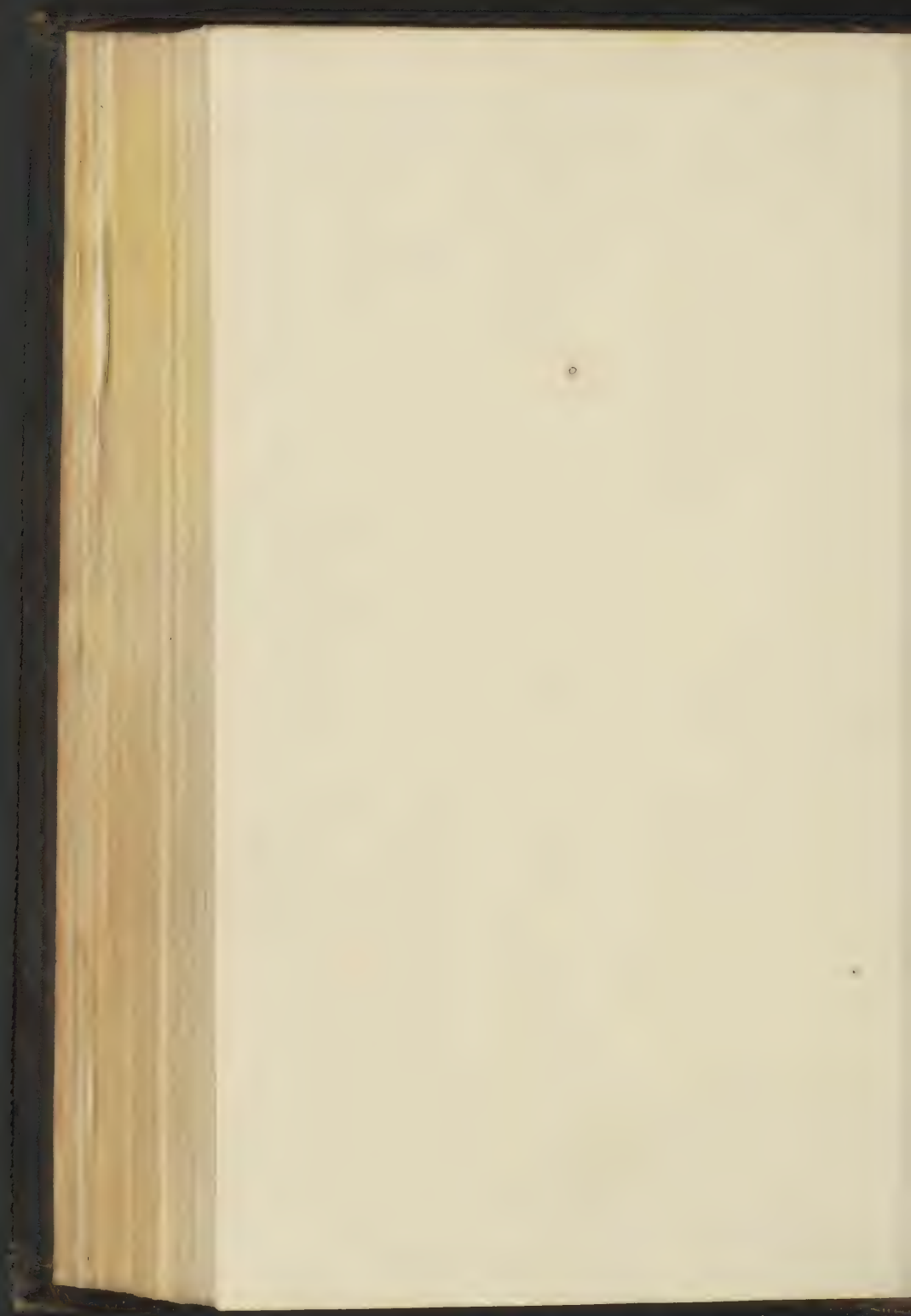


humor till you can see thro' the
pupil that the whole has disappeared,
when this is done withdraw the in-
strument in the same manner you
introduced it - The depression
ought to be made with a slow mo-
tion taking care to use no violence.
When both have thus been depress'd
close the eyes and keep a fold of linen
wet with some cooling lotion con-
stantly upon them - The day
before the operation - purge - and
even a spare diet - which should
be strictly preserved in for a
fortnight or more - or till all
tendency to inflammation is gone
over - But the lens is apt to re-
sume its proper situation - thus
requiring a repetition of the oper-
ation - which from repeated inflam-
mations may destroy the organ
The probability of success diminishes

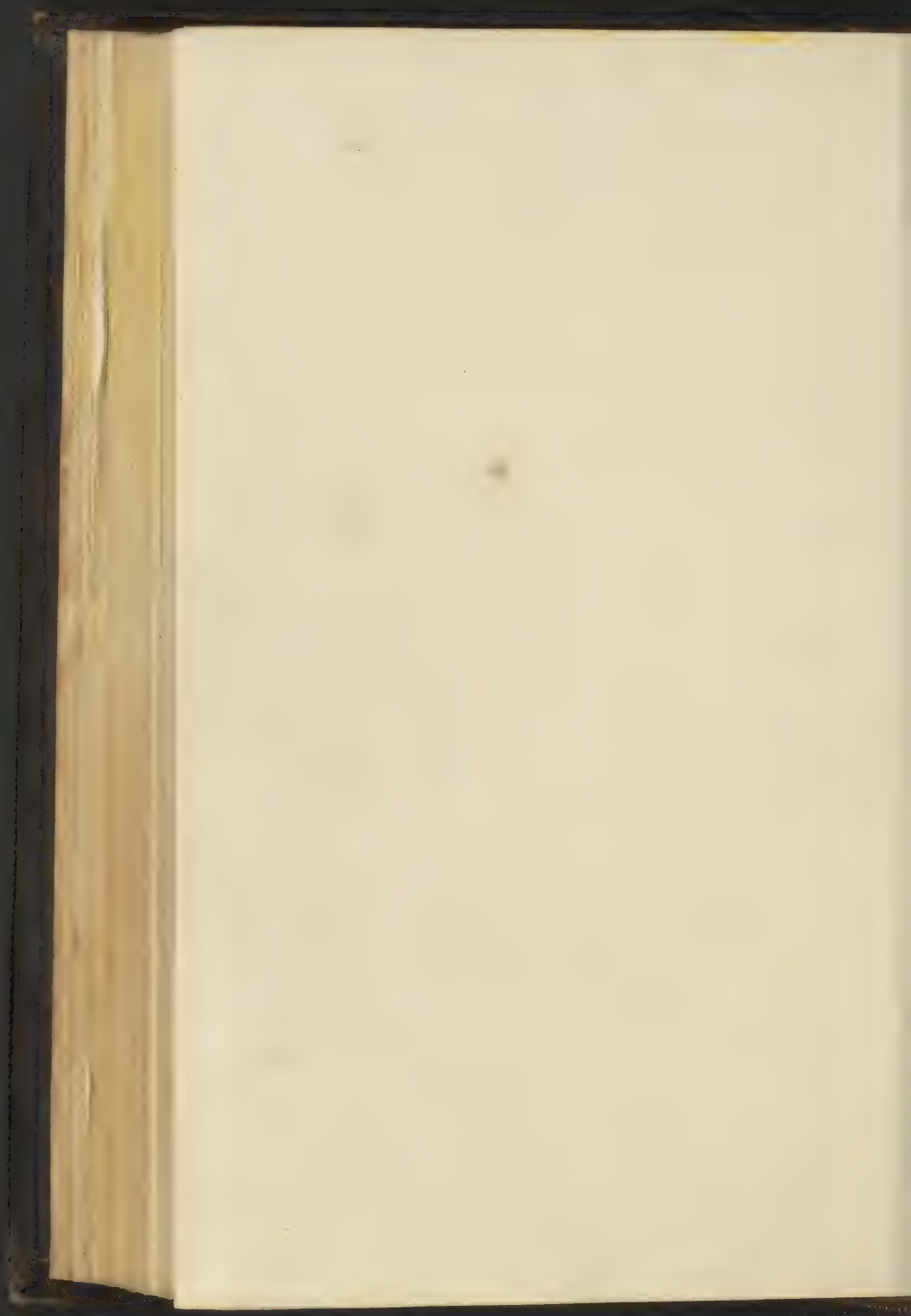


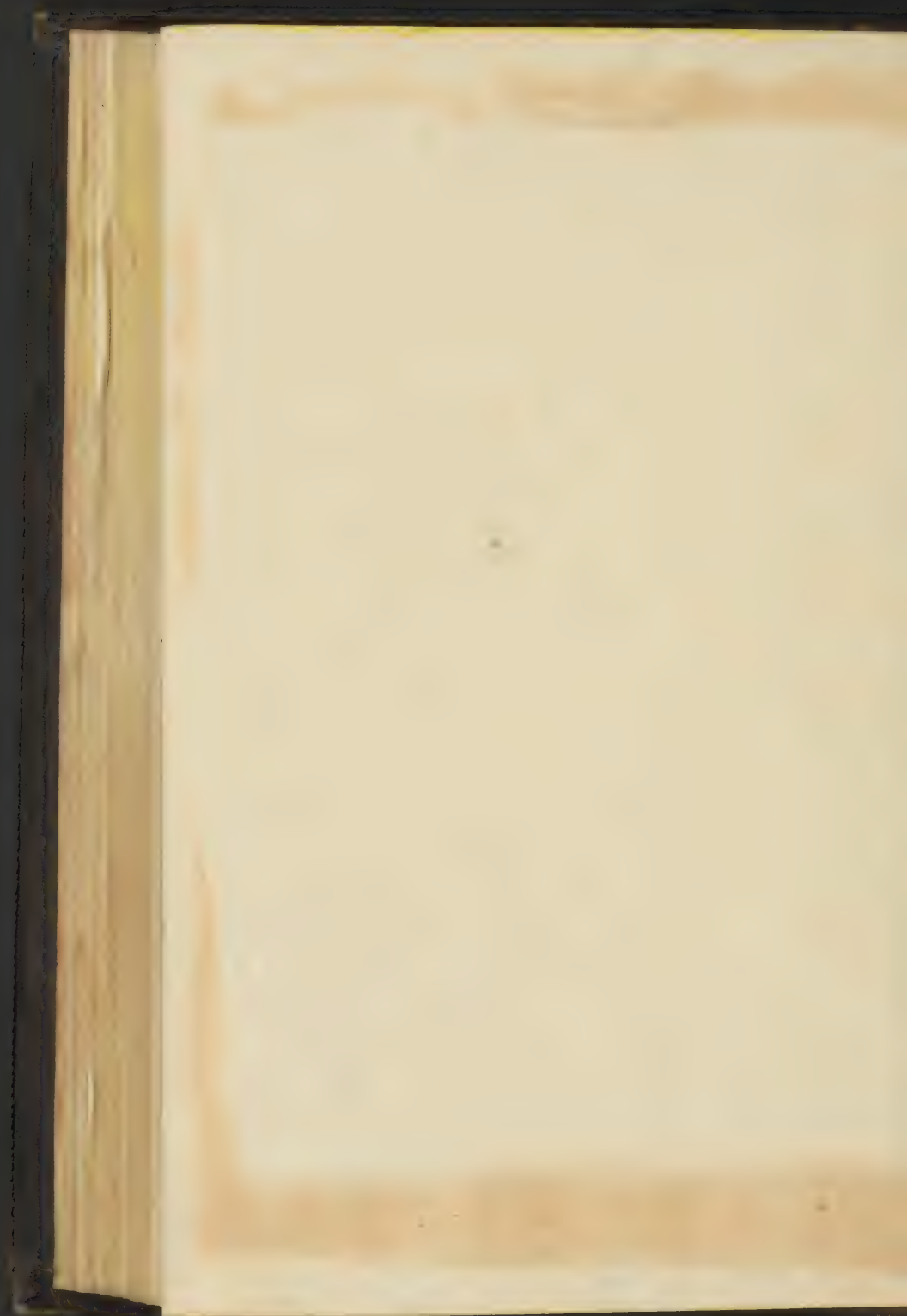
with every repetition - there is
also a disturbance of all the coats
and one of the straight muscles
of the eye is wounded in this
operation. - After the operation
the patient should wear convex
glasses without which he can
neither read nor see distinctly.





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